



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

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November 19, 2007

Joan Crowther
Commonwealth of Virginia
Department of Environmental Quality
VPDES Permit Writer
806 Westwood Office Park
Fredericksburg, VA 22401

Re: Letter received November 13, 2007 Referencing Application for VPDES Permit No. VA0025364

Dear Ms. Crowther:

Enclosed please find the original and four copies of our amended Application for VPDES Permit No. VA0025364 including certification of the validity of the amendments made.

Amendments to the topographic maps for EPA Form 1, NPDES Form 2A, and VPDES Sewage Sludge Permit Application have been made. Labels for stormwater outfalls (numbered 002 through 006) have been removed from the map. In 2003, these outfalls were moved from our current VPDES Permit No. VA0025364 to the VPDES Storm Water General Permit (VAR051411). The required items and labeling have been added to the topographic maps. We apologize for the confusion it may have caused.

Amendments to NPDES Form 2A page 5 are also included.

Through this letter, I am certifying that I have personally examined and am familiar with the information being submitted and I believe that this information is true, accurate and complete.

If you require further information or have any questions regarding the application, please contact me at (703) 550-9740 Ext. 255.

Sincerely,

Kailash Gupta, P.E., DEE
Director

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NOV 20 2007

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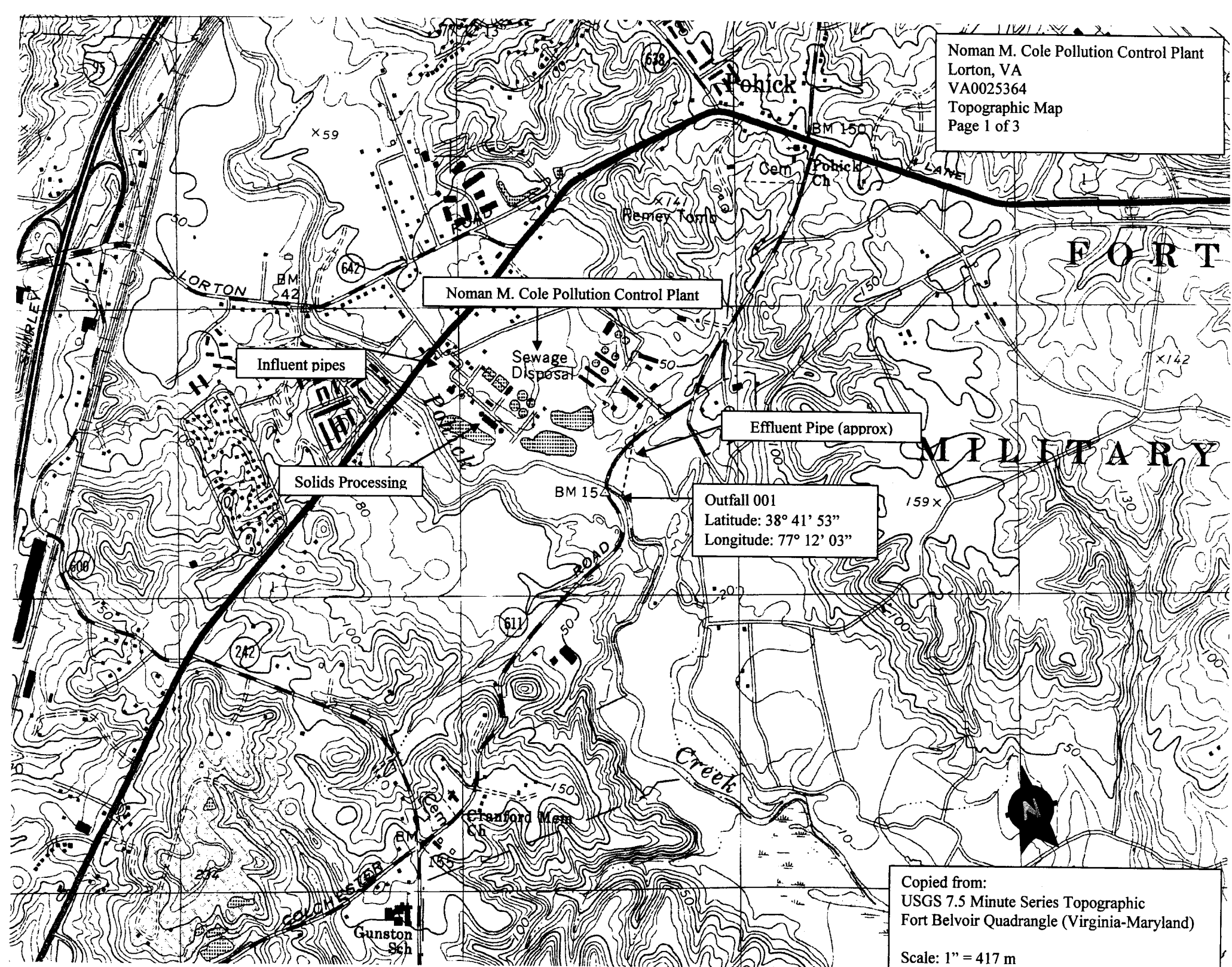
FAIRFAX COUNTY
WASTEWATER MANAGEMENT



Quality of Water = Quality of Life

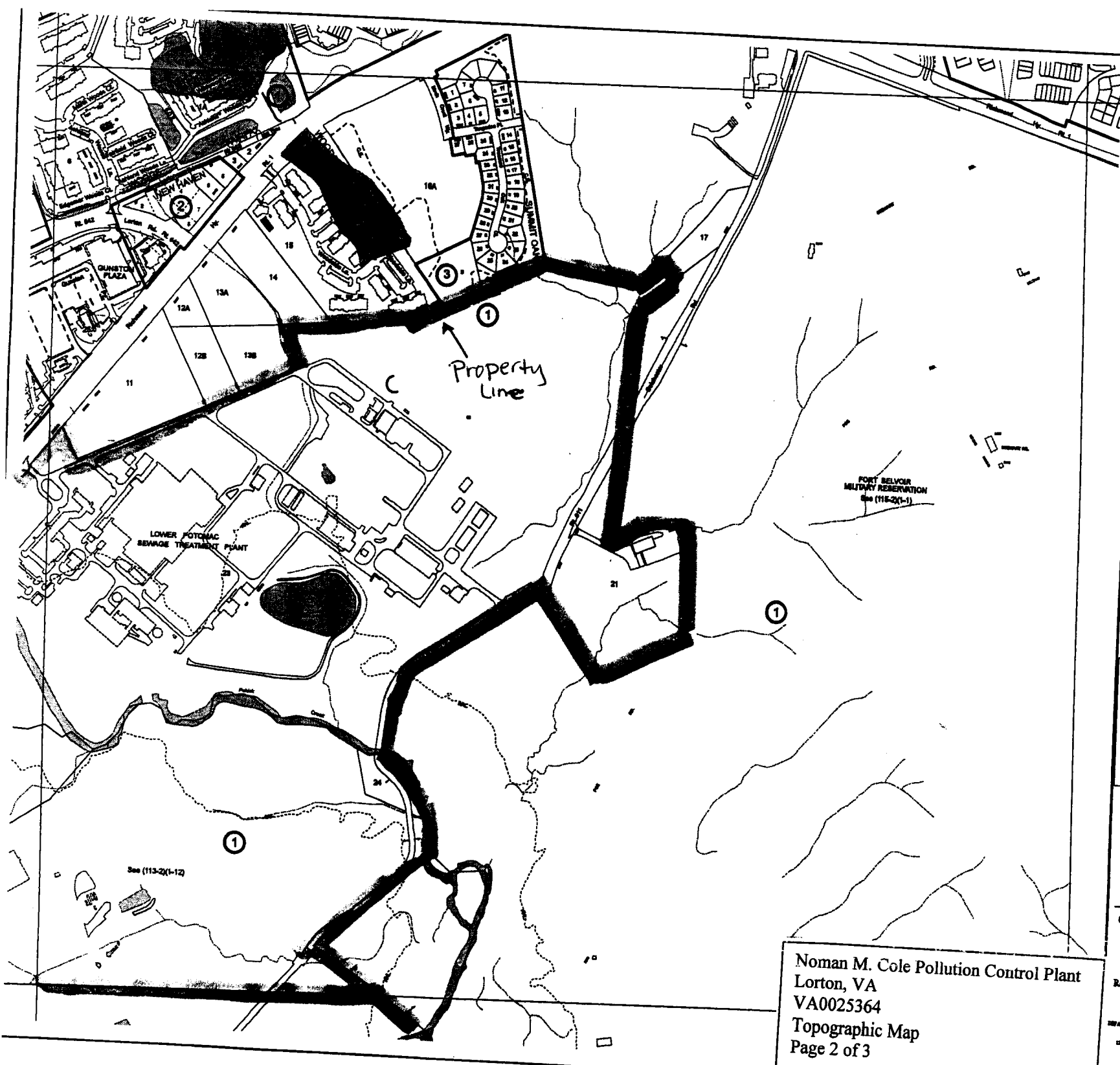
Department of Public Works and Environmental Services
Wastewater Management, Wastewater Treatment Division
9399 Richmond Highway
Lorton, VA 22079-1899
Phone: 703-550-9740, TTY: 711, Fax: 703-339-5070
www.fairfaxcounty.gov/dpwes

Noman M. Cole Pollution Control Plant
 Lorton, VA
 VA0025364
 Topographic Map
 Page 1 of 3



Copied from:
USGS 7.5 Minute Series Topographic
Fort Belvoir Quadrangle (Virginia-Maryland)

Scale: 1" = 417 m



A Public Charge, Virginia Publication



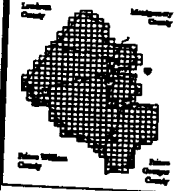
Map Scale is 1" = 100' based on NAD 83 datum
 If all users need, Virginia Department of Transportation
 Division of Planning and Research, 1100 North 1st Street, Suite 100
 Arlington, Virginia 22201-4400
 Map Date: 01-01-2007
 Map Scale: 1" = 100'

GENERAL NOTES

GENERAL NOTES

Map Date: 01-01-2007
 Map Scale: 1" = 100'

The information on this map was derived from the following sources:
 1. Aerial Photographs
 2. Topographic Maps
 3. Survey Data
 4. Other Sources
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ADMINISTRATIVE INDEX

07-2	08-1	08-2
07-4	08-3	08-4
13-2	14-1	14-2

INDEX

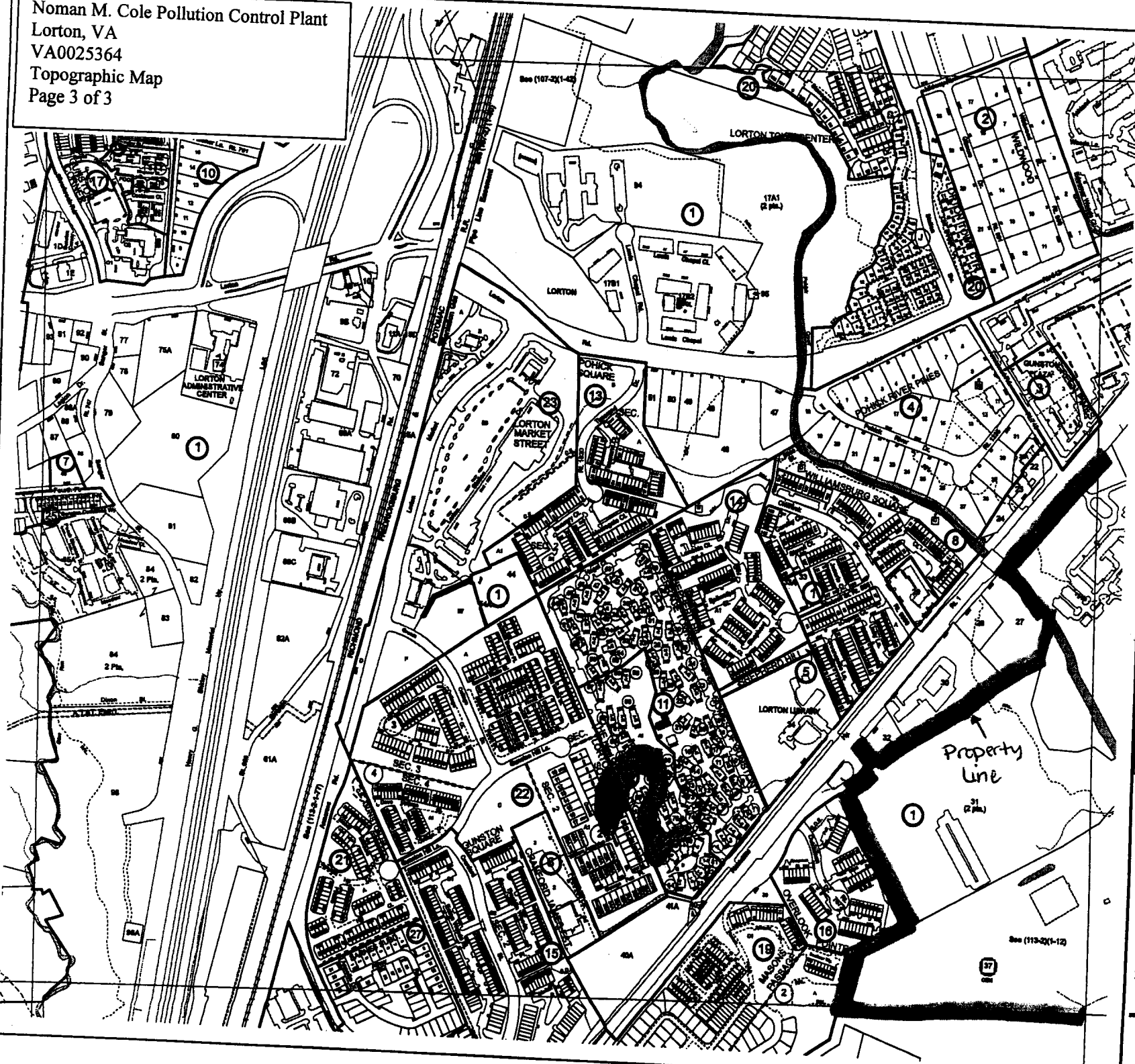
CADAstral MAP

108-3

Revised to: 01-01-2007

Noman M. Cole Pollution Control Plant
 Lorton, VA
 VA0025364
 Topographic Map
 Page 2 of 3

Prepared by:
 THE ARCHITECT OF THE COMMONWEALTH OF VIRGINIA
 Department of Planning and Research
 1100 North 1st Street, Suite 100
 Arlington, Virginia 22201-4400
 Map Date: 01-01-2007
 Map Scale: 1" = 100'



Scale 1" = 100'

This map is a reproduction of the original map and is not to be used for any purpose other than that for which it was prepared. The original map is the only authoritative source of information.

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ADMINISTRATIVE INDEX

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107-3		108-2
113-1	113-2	114-1

PROPERTY INDEX

CADASTRAL MAP

107-4

Revised to : 07-26-2007

Prepared by:
 THE BUREAU OF INFORMATION TECHNOLOGY
 Computer Services Division
 Geographic Information Services
 12000 Chantilly Center Parkway, Suite 117
 Fairfax, Virginia 22031
 (703) 295-4755
 FAX (703) 295-4755

Noman M Cole Jr., Pollution Control Plant VA0025364

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a. Outfall number 001

b. Location	Lorton	22079
	(City or town, if applicable)	(Zip Code)
	Fairfax	Virginia
	(County)	(State)
	38 41' 53"	77 12' 03"
	(Latitude)	(Longitude)

c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate	41.69 mgd
----------------------------	-----------

f. Does this outfall have either an intermittent or a periodic discharge? Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ **mag**

Months in which discharge occurs:

g. Is outfall equipped with a diffuser?	Yes	<input checked="" type="checkbox"/>	No
---	-----	-------------------------------------	----

a. Name of receiving water **Pohick Creek**

b. Name of watershed (if known)

United States Soil Conservation Service 14-digit watershed code (if known):

c. Name of State Management/River Basin (if known): Potomac River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known):

d. Critical low flow of receiving stream (if applicable):

acute	cfs	chronic	cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃



County of Fairfax, Virginia

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Alison Thompson
Northern Virginia Regional Office
Department of Environmental Quality
13901 Crown Court
Woodbridge, Virginia 22193-1453

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NOV 20 2007

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October 8, 2007

RECEIVED

OCT 10 2007

Re: Noman M Cole, Jr. Pollution Control Plant
VPDES Permit No. 0025364

Northern Va. Region
Dept. of Env. Quality

Dear Ms. Thompson:

Enclosed please find the completed application package for the reissuance of the Noman M. Cole, Jr. Pollution Control Plant (NMPCP) VPDES Permit No. 0025364.

In our application, we have included the following supplemental information:

- EPA General Form 1
- NPDES Form 2A (including Parts D, E, and F)
- VPDES Sewage Sludge Permit Application Form
- VPDES Permit Addendum
- Public Billing Form

As required by the VPDES permit, also enclosed is Quality Assurance and Quality Control information that documents that the required quantification level has been attained for parameters listed in Appendix A.

Unlike previous applications, this application does not contain the permit application fee form and copy of the check paying for the reissuance. We are current on payment of our Annual Permit Maintenance Fees.

If you have any questions or require further information regarding this application please contact me at (703) 550-9740 Ext. 255.

Sincerely,

Kailash B. Gupta

Kailash Gupta, P.E., DEE
Director

Enclosures

cc: Jimmie Jenkins, Director, Department of Public Works and Environmental Services (DPWES) w/o enclosures
Shahram Mohsenin, Director, Wastewater Planning and Monitoring Division, DPWES w/enclosures
File w/enclosures

File Path: Odata/word/DEO/07 5 Year Permit

FAIRFAX COUNTY
WASTEWATER MANAGEMENT



Quality of Water = Quality of Life

Department of Public Works and Environmental Services
Wastewater Management, Wastewater Treatment Division

9399 Richmond Highway

Lorton, VA 22079-1899

Phone: 703-550-9740, TTY: 711, Fax: 703-339-5070

www.fairfaxcounty.gov/dpwes



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FORM 1 GENERAL	<div style="display: inline-block; vertical-align: middle;">U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i></div>	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">I. EPA I.D. NUMBER</td><td style="width:10%;"></td><td style="width:10%;"></td></tr><tr><td style="width:5%; text-align: center;">S</td><td style="width:85%;"></td><td style="width:5%; text-align: center;">T/A</td><td style="width:5%; text-align: center;">C</td></tr><tr><td style="text-align: center;">F</td><td>VA0025364</td><td></td><td style="text-align: center;">D</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">13</td><td style="text-align: center;">14</td></tr><tr><td></td><td></td><td style="text-align: center;">15</td><td></td></tr></table>	I. EPA I.D. NUMBER				S		T/A	C	F	VA0025364		D	1	2	13	14			15																																			
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<p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p>																																																								
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Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</td><td></td><td style="text-align: center;">X</td><td></td><td>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</td><td></td><td style="text-align: center;">X</td><td></td></tr><tr><td>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? 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C	6	Lorton	VA 22079																																																					
	15	16	40																																																					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	4	9	5	2	(specify) POTW					C	7	(specify)								
15	16	17	18	19						15	16	17	18	19							
C. THIRD										D. FOURTH											
C	7	(specify)									C	7	(specify)								
15	16	17	18	19						15	16	17	18	19							

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?				
C	8	County of Fairfax																							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
15	16																												
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																									D. PHONE (area code & no.)				
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										M (specify) COUNTY					A (703) 550-9740				
																				56					15 16 17 18 19 20 21 22 23 24 25				

E. STREET OR P.O. BOX																								
12000 Government Center Parkway																								
26																								

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
C	B	Fairfax													VA					22035					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16														40 41 42 43 44 45 46 47 48 49 50					51 52 53 54 55 56 57 58 59 60									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)														
C	T	I	9	N	VA0025364					C	T	I	9	P										
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24					
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)														
C	T	I	9	U						C	T	I	9		VAN010022					(specify) GENERAL				
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24					
C. RCRA (Hazardous Wastes)										E. OTHER (specify)														
C	T	I	9	R						C	T	I	9		NVRO70714 Title V Air					(specify) VAR530331 Stormwater				
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Municipal Wastewater Treatment

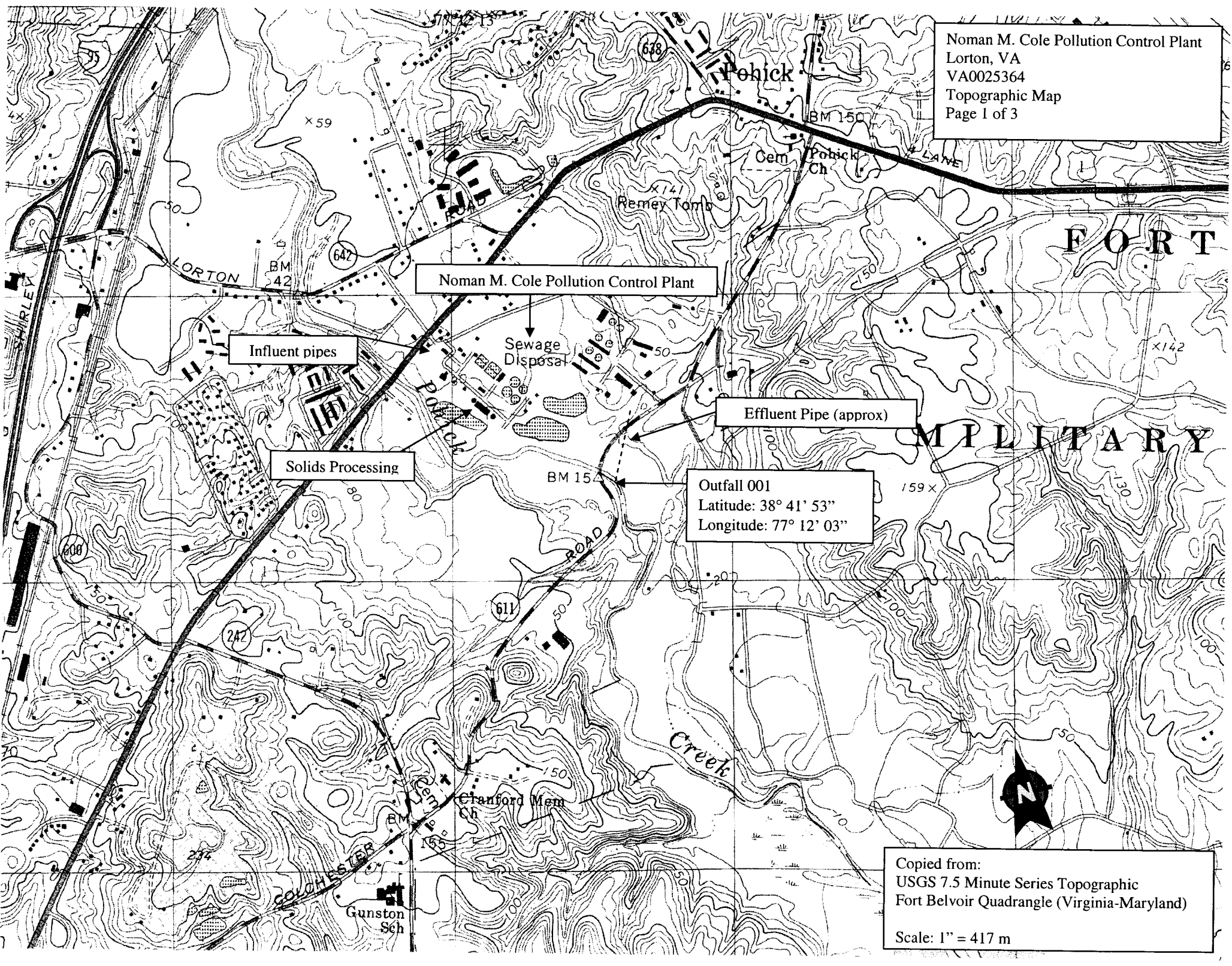
XIII. CERTIFICATION (see instructions)

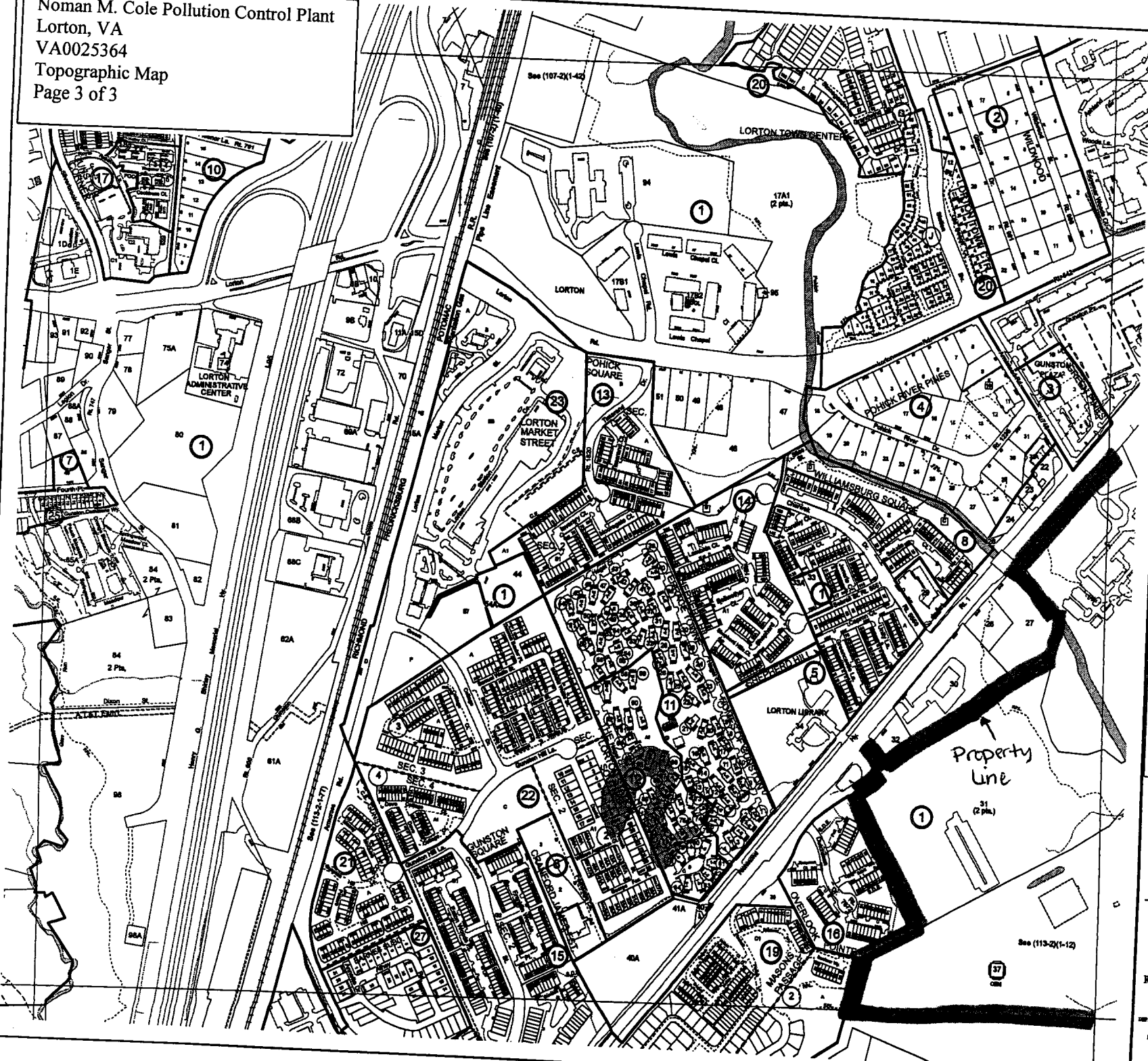
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Anthony H. Griffin County Executive															x <i>Anthony H. Griffin</i>															10/4/07									

COMMENTS FOR OFFICIAL USE ONLY

C																								
C																								
15	16																							





A Loudoun County, Virginia Publication



Map Scale is 1" = 100' based on 1983 NAD 83 with
7.5' UTM grid. Vertical coordinates are
in feet above Mean Sea Level. All data
is from 1990 High Resolution Aerial Imagery.

GENERAL NOTES

WATER CLAY REMOVAL
The State of Virginia Clay Removal Act requires that the
map be printed in color and not in black and white.

This map is printed on the basis of the 1990 NAD 83 datum. The map is not to be used for any purpose other than the one for which it was prepared. The map is not to be used for any purpose other than the one for which it was prepared. The map is not to be used for any purpose other than the one for which it was prepared.



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REBERT INDEX

CADASTRAL MAP

107-4

Revised to : 07 - 26 - 2007

Prepared by
NOMAN M. COLE POLLUTION CONTROL PLANT
1200 Government Center Parkway, Suite 117
Falls Church, Virginia 22044-1117
(703) 241-1171
FAX (703) 241-1172

FACILITY NAME AND PERMIT NUMBER:

Norman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086**FORM**
2A
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Noman M Cole Jr., Pollution Control Plant

Mailing Address 9399 Richmond Highway PO Box 268
Lorton Virginia, 22199-0268

Contact person Kailash Gupta

Title Director, Wastewater Treatment Division

Telephone number (703) 550-9740

Facility Address 9399 Richmond Highway Lorton VA, 22079
(not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name N/A

Mailing Address N/A

Contact person N/A

Title N/A

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0025364~~POD~~ OTHERVAN010022

UIC _____

Other VAR530331

RCRA _____

Other NVRO70714

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Fairfax County</u>	<u>360,000</u>	<u>Separate</u>	<u>Municipal</u>
<u>Fort Belvoir</u>	<u>15,000</u>	<u>Separate</u>	<u>Federal DOD</u>
<u>Vienna & Fairfax City</u>	<u>40,000</u>	<u>Separate</u>	<u>Municipal</u>
Total population served	<u>415,000</u>		

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

- A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 67
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>42.21</u>	<u>41.19</u>	<u>41.69</u> mgd
c. Maximum daily flow rate	<u>57.04</u>	<u>54.17</u>	<u>51.80</u> mgd

- A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent N/A
iii. Combined sewer overflow points N/A
iv. Constructed emergency overflows (prior to the headworks) N/A
v. Other N/A

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☐ No

If yes, provide the following for each land application site:

Location: Lower Potomac Pollution Control Ball ParkNumber of acres: 5Annual average daily volume applied to site: 0 MgdIs land application _____ continuous or ☒ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

N/A

If transport is by a party other than the applicant, provide:

Transporter name: N/AMailing Address: N/AContact person: N/ATitle: N/A

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: N/AMailing Address: N/AContact person: N/ATitle: N/A

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. N/AProvide the average daily flow rate from the treatment works into the receiving facility. N/A mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B. Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd.

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Lorton 22079
(City or town, if applicable) (Zip Code)
Fairfax Virginia
(County) (State)
38° 41' 53" 77° 12' 03"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 41.69 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
 Yes ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs:
- Average duration of each discharge:
- Average flow per discharge: mgd
- Months in which discharge occurs:
- g. Is outfall equipped with a diffuser? Yes ✓ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Pohick Creek
- b. Name of watershed (if known)
- United States Soil Conservation Service 14-digit watershed code (if known):
- c. Name of State Management/River Basin (if known): Potomac River
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known):
- d. Critical low flow of receiving stream (if applicable):
acute cfs chronic cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☒ Advanced☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal Limit

5 mg/l %

Design SS removal Limit

6 mg/l %

Design P removal Limit

0.18 mg/l %

Design N removal Limit

N/A %

Other Ammonia (NH₃-N) Limit

1 mg/l seasonal %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination with Sodium Hypochlorite

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.8	s.u.			
pH (Maximum)	7.5	s.u.			
Flow Rate	66.5	MGD	42.3	MGD	365
Temperature (Winter)	21	°C	17	C	90
Temperature (Summer)	28	°C	26	C	92

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	MGM/ML
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	N/A	N/A	N/A	N/A	N/A	N/A
	CBOD-5	4	mg/L	<2	mg/L	260	SM 5210 B
FECAL COLIFORM <i>E. coli</i>		4	#/Cml	<1	#/Cml	260	HACH 10029
TOTAL SUSPENDED SOLIDS (TSS)		6.4	mg/L	1.6	mg/L	365	SM 2540 B
							0.1 mg/L

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____ 1,000,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

See attached documentation

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
001
- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
☒ Yes ____ No

Noman M. Cole, Jr. Pollution Control Plant VA 0025364

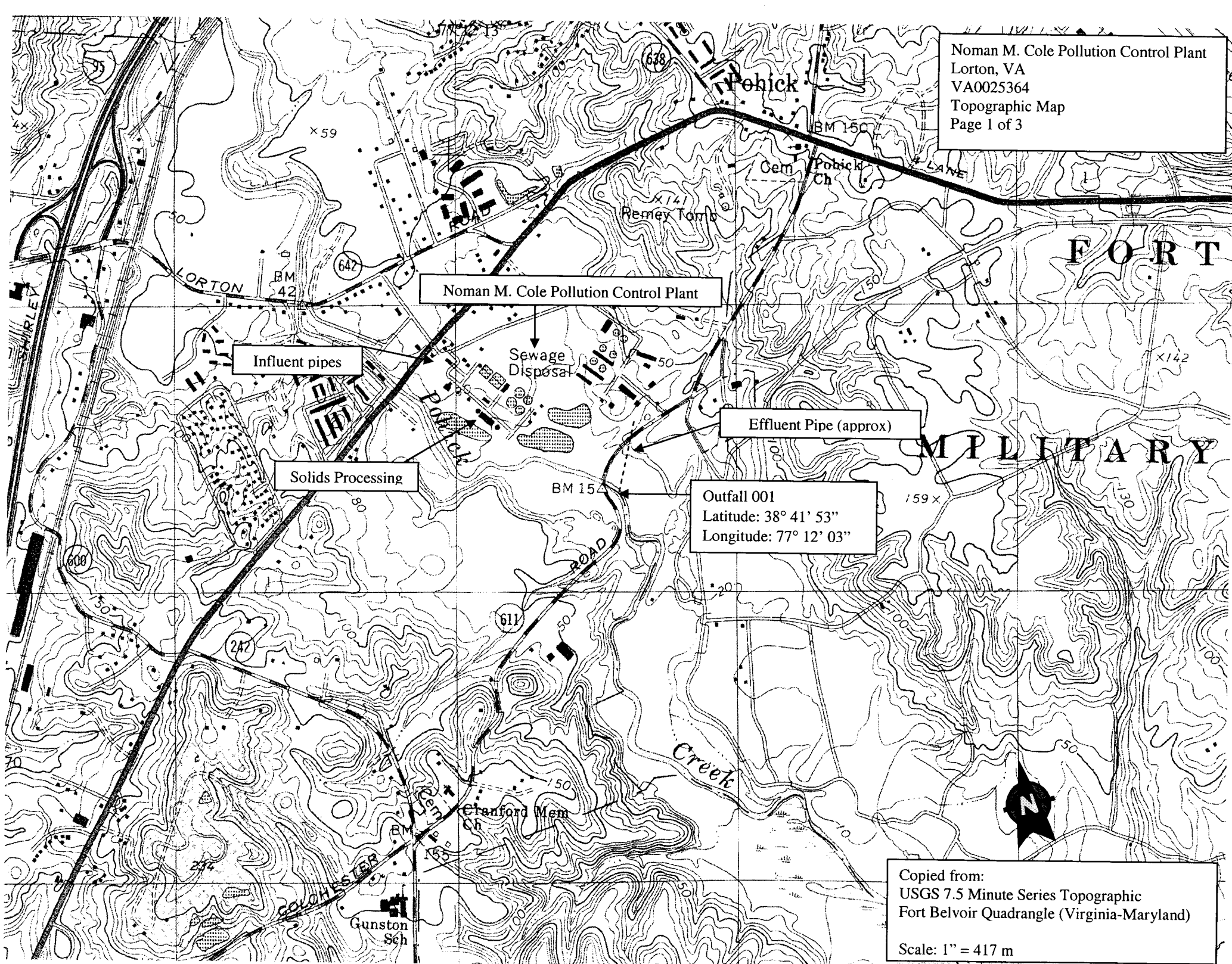
Additional Information

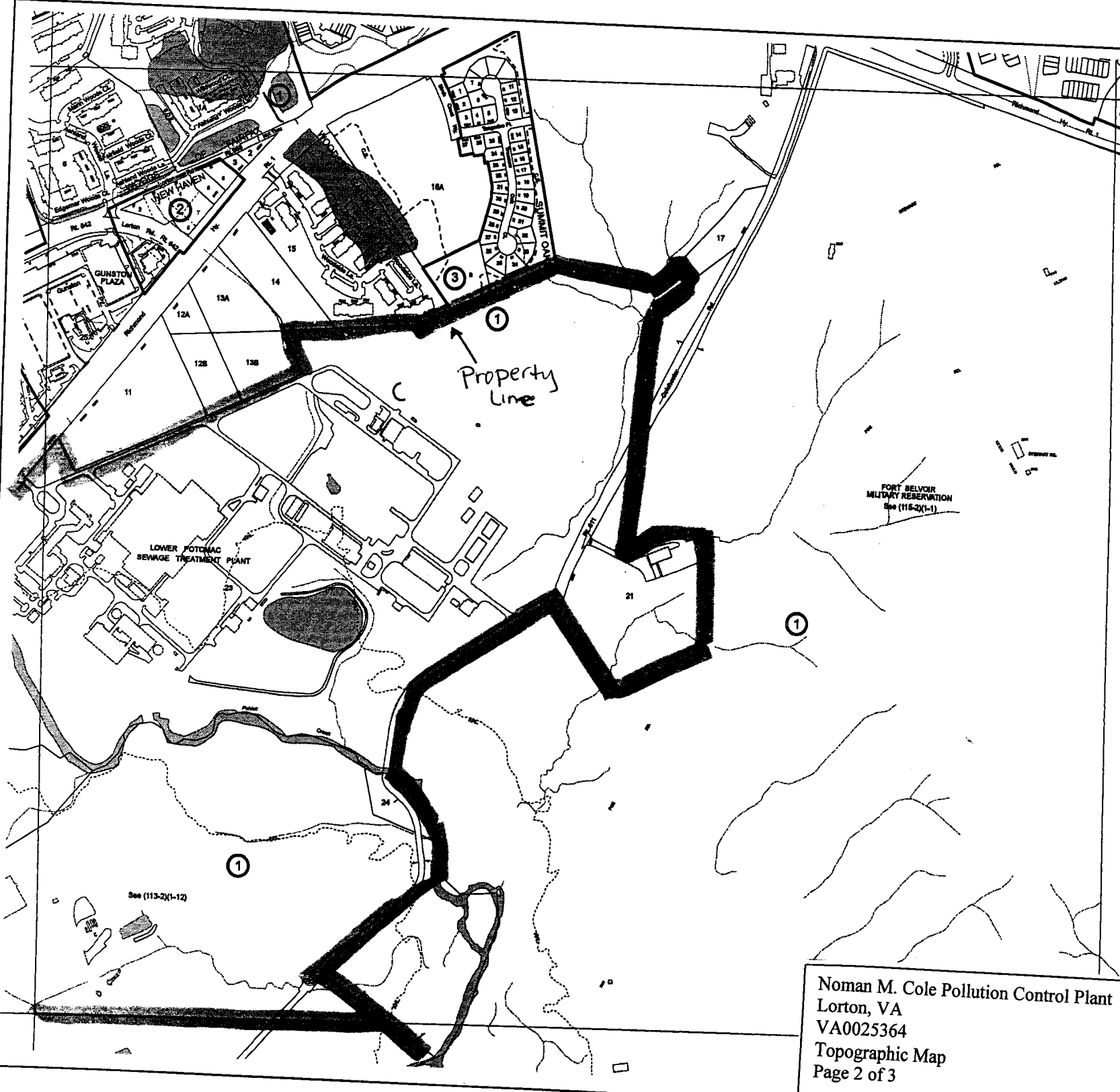
Part B, Item B.1 (p 7 of 12).

Sanitary Sewer Inflow/Infiltration Abatement Program:

The Wastewater Collection Division, an agency of the Department of Public Works and Environmental Services, manages the County's inflow/infiltration abatement program. Major activities of this program are briefly outlined below:

- Sewer system evaluation survey, essentially consisting of wastewater flow measurement and analysis to identify areas of the wastewater collection system with excessive inflow/infiltration problems.
- Closed circuit television (CCTV) inspection of trunk sewer mains to specifically identify the defective sewer lines for repair and rehabilitation. In Fiscal Year (FY) 2007, 219 miles of old sewer lines and 20 miles of new sewer lines were inspected.
- Repair and rehabilitation of sanitary sewer lines and manholes identified by CCTV inspection. This includes, among others, dig up repairs, manhole rehabilitation, and trenchless pipe repair technologies such as robotic and cured-in-place pipe rehabilitation processes. In FY 2007, approximately 57,500 feet of sanitary sewer lines were rehabilitated and over the past five years this totals over 566, 000 feet (107 miles). In addition, 28 dig-up repairs and 91 trenchless point repairs were completed. In addition to reducing inflow/infiltration of extraneous waters into the wastewater collection system, this repair and rehabilitation program significantly extends the life of the sewer system.





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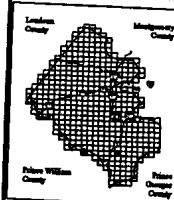


Map Scale: 1" = 100' (1" = 30.48m)
 Map Date: 01-01-2007
 Map Title: Noman M. Cole Pollution Control Plant
 Map Sheet: 108-3
 Map Scale: 1" = 100' (1" = 30.48m)

GENERAL NOTES

GENERAL NOTES
 The State of Virginia Department of Transportation (VDOT) is the authority for the design and construction of the State Highway System. The Department of Transportation is responsible for the design and construction of the State Highway System. The Department of Transportation is responsible for the design and construction of the State Highway System.

The information contained on this map is for informational purposes only. It is not intended to be used as a legal document. The information is provided for informational purposes only. It is not intended to be used as a legal document. The information is provided for informational purposes only. It is not intended to be used as a legal document.



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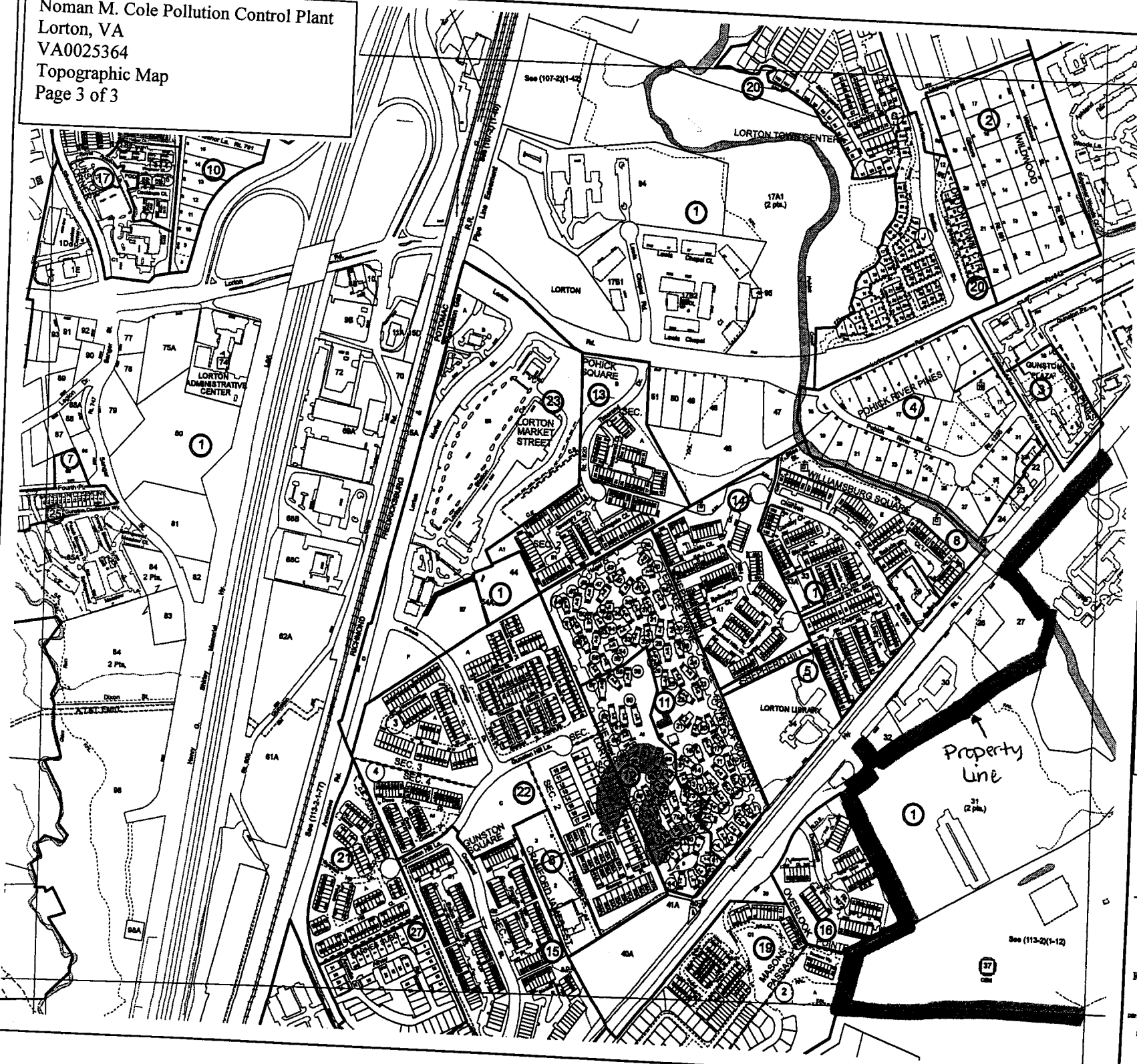
CADASTRAL MAP

108-3

Revised to: 01-01-2007

Prepared by:
 THE ARCHITECT OF INFORMATION TECHNOLOGY
 Computer Services Division
 Computer Information Services
 12000 Commonwealth Center Parkway, Suite 117
 Fairfax, Virginia 22031-4001
 (703) 592-2713
 FAX: (703) 592-2717

Noman M. Cole Pollution Control Plant
 Lorton, VA
 VA0025364
 Topographic Map
 Page 2 of 3



A Public County, Virginia

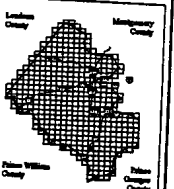


Map Scale: 1" = 100' (30.48m)
 Map Date: 07-26-2007
 Map Title: 107-4
 Map Author: Noman M. Cole
 Map Editor: Noman M. Cole
 Map Reviewer: Noman M. Cole
 Map Date: 07-26-2007

GENERAL NOTES

1. All measurements are in feet and inches.
 2. All measurements are to the center of the line.
 3. All measurements are to the center of the lot.
 4. All measurements are to the center of the street.
 5. All measurements are to the center of the property line.

6. All measurements are to the center of the lot.
 7. All measurements are to the center of the street.
 8. All measurements are to the center of the property line.
 9. All measurements are to the center of the lot.
 10. All measurements are to the center of the street.



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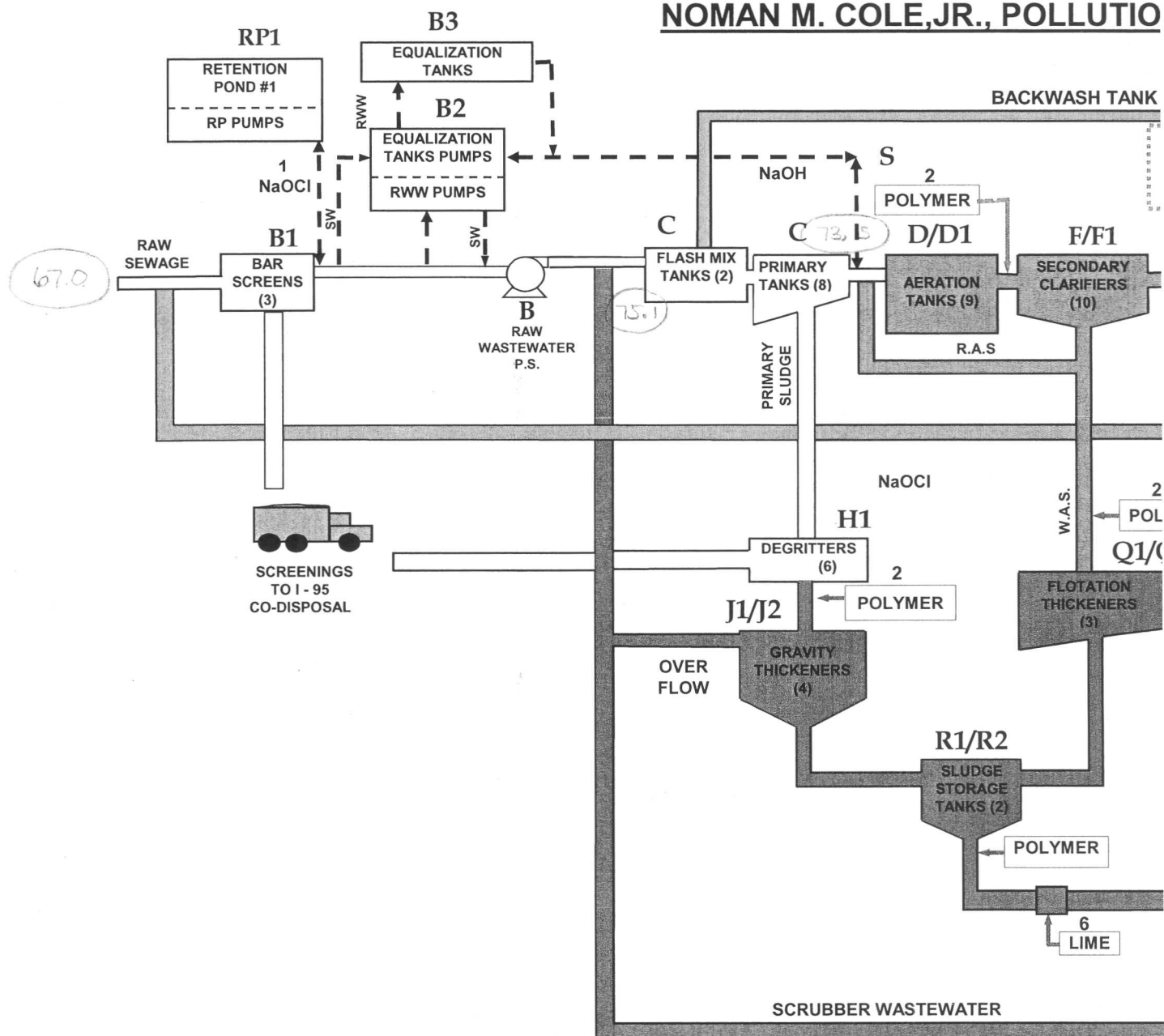
CADASTRAL MAP

107-4

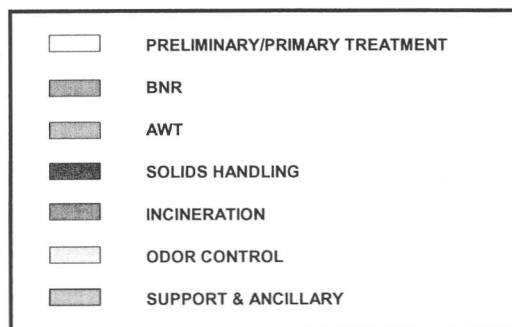
Revised to : 07 - 26 - 2007

Prepared by:
 Noman M. Cole
 1200 Commonwealth Center Parkway, Suite 117
 Fairfax, Virginia 22031-4010
 Phone: (703) 261-1170
 Fax: (703) 261-1171

NOMAN M. COLE, JR., POLLUTIO

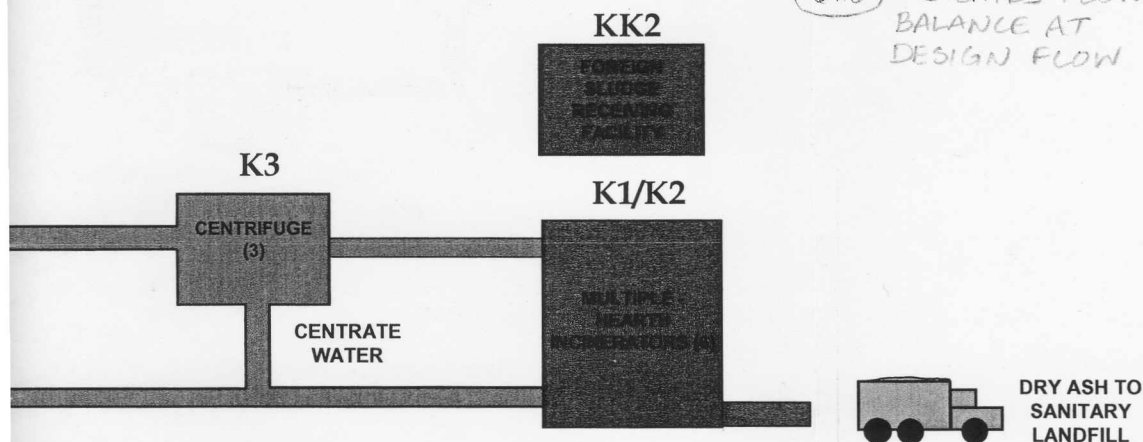
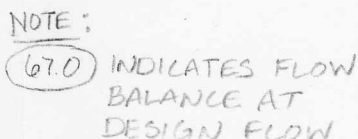


PROCESS LEGEND



- A ADMINISTRATION BUILDING
 B RAW WASTEWATER PUMPING STATION
 B1 BAR SCREEN BUILDING
 B2 RAW WASTEWATER PUMPING STATION/DIVERSION
 B3 EQUALIZATION TANKS
 C PRIMARY TANKS AND FLASH MIX TANKS
 C2 ODOR CONTROL
 D AERATION TANKS
 D1 ACTIVATED SLUDGE TANKS
 E BLOWER BUILDING
 F SECONDARY CLARIFIERS
 F1 SECONDARY CLARIFIERS
 G CHLORINATION FACILITY
 H1 DEGRITTING FACILITY
 J1/J2 PRIMARY SLUDGE THICKENERS
 K1 SLUDGE PROCESSING BUILDING (INC. NO. 1 / 2)
 K2 SLUDGE PROCESSING BUILDING (INC. NO. 3 / 4)
 K3 SLUDGE PROCESSING BUILDING (FILTER PRESS)
 Q FLOTATION THICKENERS
 R1/R2 SLUDGE STORAGE TANKS

CONTROL PLANT , COUNTY OF FAIRFAX , VIRGINIA



S SECONDARY CHEMICAL FEED BUILDING
T AWT MAINTENANCE BUILDING
U BUILDINGS AND GROUNDS BUILDING
BB ASE PUMPING STATION
CC AWT CLARIFIERS (TERTIARY CLARIFIERS)
DD GRAVITY FILTER BUILDING
EE DUAL MEDIA FILTER BUILDING
FF MONOMEDIA FILTER BUILDING
HH AWT CHLORINATION AND DECHLORINATION BUILDING
HH1 APW PUMP STATION
IM IN-LINE MIX BUILDING
JJ AWT SLUDGE THICKENERS
KK1 FOREIGN SLUDGE HANDLING BUILDINGS
KK2 FOREIGN SLUDGE HANDLING BUILDINGS
PP SODIUM BISULFITE BUILDING
QQ EQUALIZATION BASINS
RR BULK STORAGE
SRF SEPTAGE RECEIVING FACILITY
TT PLANT OUTFALL STRUCTURE

Additional Information

Part B, Item B.3 Process Flow Diagram (as attached)

The Noman M. Cole, Jr., Pollution Control Plant (NMCPCP) is an advanced wastewater treatment facility. Treatment process includes mechanical screening, primary sedimentation, aeration (activated sludge), clarification, equalization, chemical clarification with ferric chloride for phosphorus removal, filtration, chlorination, dechlorination, and defoaming. Flow is equalized at a couple of points in the process. Sludge produced by treatment is degrittled, thickened, dewatered, incinerated, and the ash is disposed in a sanitary landfill. Grit and screenings are co-disposed at the I-95 Energy Resource Recover Facility (ERRF). In the event of incineration failure, sludge will be transported to King George Landfill in King George, VA as part of a back-up sludge hauling and disposal contract.

The treatment plant has two sources of electrical feed in case of interruption to a power source. In addition, there are three electrical generators providing backup power to the following unit operations: Bar Screens, Raw Wastewater Pumps, Flash Mix Tanks, Primary Clarifiers, Primary Sludge Degritters, Equalization Basins, ASE Pumps, Filter Effluent Pumps, Filter Backwash Pumps, Chlorination, and Dechlorination.

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

See attached documentation for questions 5.c, 5.d, and 5.4

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____ Yes ____ No

Describe briefly: See attached documentation

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	1.41	mg/L	0.05	mg/L	365	Lachat 1010706B	0.004 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	0.0	mg/L	0.0	mg/L	365	HACH 8167	0.10 mg/L
DISSOLVED OXYGEN	12.2	mg/L	9.0	mg/L	365	SM 18 4500-O G	0.01 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	2.21	mg/L	0.95	mg/L	124	Lacht 10107062E	0.10 mg/L
NITRATE PLUS NITRITE NITROGEN	7.57	mg/L	4.12	mg/L	124	Lacht 10107041A	0.02 mg/L
OIL and GREASE	7.4	mg/L	4.3	mg/L	4	EPA 1664	1.4 mg/L
PHOSPHORUS (Total)	0.26	mg/L	0.09	mg/L	365	SM 14th 425C&E	0.02 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	504	mg/L	370	mg/L	39	SM18 2540 B & D	0.1 mg/L
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Additional Information

Part B, Item B.5.c – e (p 8 of 21)

Scheduled Improvements and Schedule of Implementation

ENR Improvements: To meet new total nitrogen and total phosphorus discharge limits, NMCPCP currently has two improvement projects in process.

The first improvement project is the construction of a methanol facility to provide supplemental carbon to existing biological nutrient removal (BNR) tanks. This project is currently under construction. The first full year of operation with a certificate to operate (CTO) is expected in 2009. All permits/clearances for construction have been attained.

<u>Implementation Stage</u>	<u>Schedule</u>	<u>Actual Completion</u>
Begin construction	10/23/2006	10/23/2006
End construction	11/1/2008	N/A
Begin discharge	N/A	N/A
Attain operational level	2009	N/A

The second improvement project includes construction of new moving bed biofilm reactors (MBBR), increased flow equalization, filter improvements, and replacement and construction of new screens. These improvements are currently under design. The first full year of operation with a CTO is expected in 2013. Permits/clearances are being pursued for the Preliminary Engineering Report and design.

<u>Implementation Stage</u>	<u>Schedule</u>	<u>Actual Completion</u>
Begin construction	3/1/2009	N/A
End construction	11/1/2012	N/A
Begin discharge	N/A	N/A
Attain operational level	2013	N/A

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 1 of 5**

Facility Name: Noman M. Cole PCP
Address: 9399 Richmond Highway, Lorton, Virginia

VPDES Permit: VA0025364
Outfall 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level ⁽¹⁾ (µg/L)	Reporting Result ⁽¹⁾ (µg/L)	Sample Type ⁽²⁾	Sample Frequency ⁽³⁾	Specific Target Value ⁽⁴⁾ (µg/L)
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DISSOLVED METALS^{3a}

-	01095	Antimony	200.7	40	<40	G	1/5 YR	9460
-	-	Arsenic III**	200.7	40	<40	G	1/5 YR	115
440	01025	Cadmium	200.9	1.0	<0.5	G	1/5 YR	0.9
441	80357	Chromium III*	200.7	100	<100	G	1/5 YR	166
231	01220	Chromium VI	HACH 8023	6	<6	G	1/5 YR	6.4
442	01040	Copper	200.9	5	<5	G	1/5 YR	9.6
405	01049	Lead	200.9	5	<5	G	1/5 YR	12.6
444	71900	Mercury	245.2	0.5	<0.5	G	1/5 YR	1.0
445	01065	Nickel	200.9	5	<5	G	1/5 YR	16.4
446	01145	Selenium	200.9	1	<3	G	1/5 YR	3.0
447	01075	Silver	200.9	1	<2	G	1/5 YR	2.9
448	01090	Zinc	200.7	20	39.4 ^{1a}	G	1/5 YR	62.8

PESTICIDES/PCBs^{2a,3a}

332	39330	Aldrin	8081A	0.05	<0.05	C	1/5 YR	N/A
333	39350	Chlordane	8081A	0.2	<0.2	C	1/5 YR	N/A
334	77969	Chlorpyrifos (Dursban)	622	1.0	<1.0	C	1/5 YR	N/A
-	-	DDD	8081A	0.1	<0.05	C	1/5 YR	N/A
-	-	DDE	8081A	0.1	<0.05	C	1/5 YR	N/A
335	39370	DDT	8081A	0.1	<0.05	C	1/5 YR	N/A
336	39560	Demeton	8141F	1.0	<1.0	C	1/5 YR	N/A
337	39380	Dieldrin	8081A	0.1	<0.1	C	1/5 YR	N/A
-	-	Endosulfan	8081A	0.1	<0.05	C	1/5 YR	N/A
339	39390	Endrin	8081A	0.1	<0.05	C	1/5 YR	N/A
340	39580	Guthion	8141F	1.0	<1.0	C	1/5 YR	N/A
341	39410	Heptachlor	8081A	0.05	<0.05	C	1/5 YR	N/A
342	77835	Hexachlorocyclohexane (Lindane)	8081A	0.05	<0.05	C	1/5 YR	N/A
-	-	Kepone	8141F	1.0	<1.0	C	1/5 YR	N/A
343	39530	Malathion	8141F	1.0	<1.0	C	1/5 YR	N/A
344	39480	Methoxychlor	8141F	1.0	<0.05	C	1/5 YR	N/A
345	39755	Mirex	8141F	1.0	<1.0	C	1/5 YR	N/A
346	39540	Parathion	8141F	1.0	<1.0	C	1/5 YR	N/A
641	-	PCB-1242	1668	1.0	<0.0004	C	1/5 YR	N/A

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 2 of 5**

Facility Name: Noman M. Cole PCP
Address: 9399 Richmond Highway, Lorton, Virginia

VPDES Permit: VA0025364
Outfall 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level ⁽¹⁾ (µg/L)	Reporting Result ⁽¹⁾ (µg/L)	Sample Type ⁽²⁾	Sample Frequency ⁽³⁾	Specific Target Value ⁽⁴⁾ (µg/L)
642	-	PCB-1254	1668	1.0	<0.0004	C	1/5 YR	N/A
643	-	PCB-1221	1668	1.0	<0.0004	C	1/5 YR	N/A
644	-	PCB-1232	1668	1.0	<0.0004	C	1/5 YR	N/A
645	-	PCB-1248	1668	1.0	<0.0004	C	1/5 YR	N/A
618	39508	PCB-1260	1668	1.0	<0.0004	C	1/5 YR	N/A
646		PCB-1016	1668	1.0	<0.0004	C	1/5 YR	N/A
349	39400	Toxaphene	8081A	5.0	<1.0	C	1/5 YR	N/A

BASE NEUTRAL EXTRACTABLES^{3a}

-	-	Acenaphthene	8270C	10.0	<10	C	1/5 YR	N/A
275	34222	Anthracene	8270C	10.0	<10	C	1/5 YR	N/A
276	34526	Benzo(a) anthracene	8270C	10.0	<10	C	1/5 YR	N/A
648	-	Benzo(b) fluoranthene	8270C	10.0	<10	C	1/5 YR	N/A
278	34242	Benzo(k) fluoranthene	8270C	10.0	<10	C	1/5 YR	N/A
277	-	Benzo(a)pyrene	8270C	10.0	<10	C	1/5 YR	N/A
-	-	Butyl benzyl phthalate	8270C	10.0	<10	C	1/5 YR	N/A
282	34320	Chrysene	8270C	10.0	<10	C	1/5 YR	N/A
654	-	Dibenz(a,h) anthracene	8270C	20.0	<10	C	1/5 YR	N/A
-	-	Dibutyl phthalate (Di-n-Butyl Phthalate)	8270C	10.0	<10	C	1/5 YR	N/A
259	34536	1,2-Dichlorobenzene	8270C	10.0	<10	C	1/5 YR	N/A
264	34566	1,3-Dichlorobenzene	8270C	10.0	<10	C	1/5 YR	N/A
266	34571	1,4-Dichlorobenzene	8270C	10.0	<10	C	1/5 YR	N/A
-	-	Diethyl phthalate	8270C	10.0	<10	C	1/5 YR	N/A
170	-	Di-2-Ethylhexyl Phthalate	8270C	10.0	<10	C	1/5 YR	N/A
239	34611	2,4-Dinitrotoluene	8270C	10.0	<10	C	1/5 YR	N/A
287	34376	Fluoranthene	8270C	10.0	<10	C	1/5 YR	N/A
288	34381	Fluorene	8270C	10.0	<10	C	1/5 YR	N/A
651	-	Indeno(1,2,3-cd) pyrene	8270C	20.0	<10	C	1/5 YR	N/A
650	-	Isophorone	8270C	10.0	<10	C	1/5 YR	N/A
293	34696	Naphthalene	8270C	10.0	<10	C	1/5 YR	N/A
-	-	Nitrobenzene	8270C	10.0	<10	C	1/5 YR	N/A
296	34469	Pyrene	8270C	10.0	<10	C	1/5 YR	N/A
-	-	1,2,4 Trichlorobenzene	8270C	10.0	<10	C	1/5 YR	N/A

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 3 of 5**

Facility Name: Noman M. Cole PCP
Address: 9399 Richmond Highway, Lorton, Virginia

VPDES Permit: VA0025364
Outfall 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level ⁽¹⁾ (µg/L)	Reporting Result ⁽¹⁾ (µg/L)	Sample Type ⁽²⁾	Sample Frequency ⁽³⁾	Specific Target Value ⁽⁴⁾ (µg/L)
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VOLATILES^{3a}

216	34030	Benzene	8260B	10.0	<10	G	1/5 YR	N/A
484	32104	Bromoform	8260B	10.0	<10	G	1/5 YR	N/A
236	32102	Carbon Tetrachloride	8260B	10.0	<10	G	1/5 YR	N/A
652	-	Chlorodibromomethane	8260B	10.0	<10	G	1/5 YR	N/A
223	32106	Chloroform	8260B	10.0	10	G	1/5 YR	N/A
649		Dichloromethane	8260B	20.0	<10	G	1/5 YR	N/A
244	79603	Dichlorobromomethane	8260B	20.0	<10	G	1/5 YR	N/A
260	34531	1,2-Dichloroethane	8260B	10.0	<10	G	1/5 YR	N/A
-	-	1,1-Dichloroethylene	8260B	10.0	<10	G	1/5 YR	N/A
172	34371	Ethylbenzene	8260B	10.0	<10	G	1/5 YR	N/A
653		Monochlorobenzene	8260B	10.0	<10	G	1/5 YR	N/A
220	34475	Tetrachloroethylene	8260B	10.0	<10	G	1/5 YR	N/A
222	34010	Toluene	8260B	10.0	<10	G	1/5 YR	N/A
155	39180	Trichloroethylene	8260B	10.0	<10	G	1/5 YR	N/A
173	39175	Vinyl Chloride	8260B	10.0	<10	G	1/5 YR	N/A

ACID EXTRACTABLES^{3a}

-	-	2-Chlorophenol	8270C	10.0	<10	C	1/5 YR	N/A
-	-	2,4 Dichlorophenol	8270C	10.0	<10	C	1/5 YR	N/A
-	-	2,4 Dimethylphenol	8270C	10.0	<10	C	1/5 YR	N/A
210	39032	Pentachlorophenol	8270C	50.0	<10	C	1/5 YR	N/A
175	46000	Phenol ^(b)	8270C	10.0	<10	C	1/5 YR	N/A
602	34621	2,4,6-Trichlorophenol	8270C	10.0	<10	C	1/5 YR	N/A

MISCELLANEOUS

-	-	Chlorides (mg/L)	SM 18 th 4500-Cl-B	5	95 mg/L	C	1/5 YR	N/A
018	00720	Cyanide	335.2	10.0	<5	G	1/5 YR	N/A
137	00900	Hardness (as mg/L CaCO ₃)	HACH 8226	10	87 mg/L	C	1/5 YR	N/A
-	-	Hydrogen Sulfide	US Filter Color	NA	0.0	G	1/5 YR	N/A
252	81551	Xylenes (total) ³	SW 846 Method 8021B	10; 5	m,p <10; o<5	G	1/5 YR	N/A

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 4 of 5**

Facility Name: Noman M. Cole PCP
Address: 9399 Richmond Highway, Lorton, Virginia

VPDES Permit: VA0025364
Outfall 001

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. §1001 and 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Elaine Schaeffer

Name of Principal Executive Officer or Authorized Agent

Director, Env. Services

Title

Elaine Schaeffer

Signature of Principal Executive Officer or Authorized Agent

9/27/07

Date

Notes:

- 1a Zinc reported as <100 ug/L by Schneider Laboratories. Analysis in NMCPCL Laboratory reported using lower QL. See attached documentation.
- 2a Results for each PCB parameter is the average of the total PCB congeners for the Final Effluent and duplicate. PCB TMDL Project Summary Data submitted to VaDEQ October 2006. EPA method 1668 accepted for reporting per Betsy Ziomek providing QC and QL requirements are met. Analysis was conducted by Geochemical and Environmental Research Group, Texas A&M University. See attached documentation.
- 3a Metals and organic analyses conducted by Schneider Laboratories, Richmond, VA. Organo-pesticides were subcontracted to Summit Environmental Technologies, Inc., Akron, OH. Both laboratories have A2LA accreditation and are NELAP certified.

Below are notes as represented on the original form supplied by DEQ:

- (1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method

Units for the quantification level and the specific target value are micrograms/liter (µg/L) unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained. Data reported by the lab as less than the test method QL shall be reported as "<[QL]" on the Attachment A form, where the actual test method QL shall be substituted for "[QL]"

- (2) Sample Type:

G = Grab = An individual sample collected in less than fifteen (15) minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported.

C = Composite = A 24-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period. For composite metals samples, the individual sample aliquots shall be filtered and preserved immediately upon collection and prior to compositing

- (3) Frequency:

1/5 YR = once after the start of the third year from the permit's effective date but 180 days prior to permit expiration.

X = no monitoring required

- (4) Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The specific target values are subject to change based on additional information such as hardness data, receiving stream flow and design flows.

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 5 of 5**

Facility Name: Noman M. Cole PCP
Address: 9399 Richmond Highway, Lorton, Virginia

VPDES Permit: VA0025364
Outfall 001

- (5) A specific analytical method is not specified. An appropriate method shall be selected from the following list of EPA methods (or any approved method presented in 40 CFR Part 136) which will achieve the listed quantification level. If the test result is less than the specified QL, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

Metal	Analytical Methods
Antimony	204.1; 200.7; 204.2; 1639; 1638; 200.8
Arsenic**	200.7; 200.9; 200.8; 1632
Barium	208.1; 200.7; 208.2; 200.8
Cadmium	213.1; 200.7; 213.2; 200.9; 200.8; 1638; 1639; 1637; 1640
Chromium*	218.1; 200.7; 218.2; 218.3; 200.9; 1639; 200.8
Chromium VI	218.4; 1636
Copper	220.1; 200.7; 220.2; 200.9; 1638; 1640; 200.8
Iron	236.1; 200.7; 236.2
Lead	239.1; 200.7; 239.2; 200.9; 200.8; 1638; 1637; 1640
Manganese	243.1; 200.7; 200.9; 243.2; 200.8
Mercury	200.7; 245.1; 200.8; 1631
Nickel	249.1; 200.7; 249.2; 1639; 200.9; 1638; 200.8; 1640
Selenium	200.7; 270.2; 200.8; 1638; 1639; 200.9
Silver	272.1; 200.7; 200.9; 272.2; 1638; 200.8
Zinc	289.1; 200.7; 1638; 1639; 200.8; 289.2

* Chromium III is measured by the total chromium analysis. If the result of the total chromium analysis is less than or equal to the QL (or specific target value), the result for chromium III can be reported as less than QL.

**Arsenic III is measured by the total arsenic analysis. If the result the total arsenic analysis is less than or equal to the QL (or specific target value), the result for arsenic III can be reported as less than QL.

- (6) Any approved method presented in 40 CFR Part 136.
- (7) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.
- (8) Requires continuous extraction

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)☒ Part E (Toxicity Testing: Biomonitoring Data)☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kailash Gupta, Director, Wastewater Treatment DivisionSignature Kailash B. GuptaTelephone number (703) 550-9740Date signed 9-28-07

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	2.7	ug/L	0.38	Kg/D	<1.6	ug/L	<0.23	Kg/D	3	EPA 200.7	40/NA
ARSENIC	4.1	ug/L	0.60	Kg/D	<2.8	ug/L	<0.41	Kg/D	3	EPA 200.7	40/NA
BERYLLIUM	1.2	ug/L	0.17	Kg/D	<1.1	ug/L	<0.16	Kg/D	3	EPA 200.7	40/NA
CADMIUM	1.7	ug/L	0.24	Kg/D	<0.41	ug/L	<0.06	Kg/D	11	EPA 200.7	40/0.1
CHROMIUM	1.5	ug/L	0.21	Kg/D	<1.0	ug/L	<0.16	Kg/D	11	EPA 200.7	100/2
COPPER	8.1	ug/L	1.2	Kg/D	4.2	ug/L	0.65	Kg/D	11	EPA 200.7	100/1
LEAD	4.1	ug/L	0.58	Kg/D	<1.3	ug/L	<0.20	Kg/D	11	EPA 200.7	40/1
MERCURY	<0.20	ug/L	<0.03	Kg/D	<0.20	ug/L	<0.03	Kg/D	3	EPA 245.2	0.5/0.2
NICKEL	16.5	ug/L	2.4	Kg/D	<9.5	ug/L	<1.4	Kg/D	3	EPA 200.7	40/NA
SELENIUM	26.7	ug/L	3.9	Kg/D	16.7	ug/L	2.4	Kg/D	3	EPA 200.7	40/25
SILVER	<1.0	ug/L	0.15	Kg/D	<0.42	ug/L	<0.06	Kg/D	11	EPA 200.7	40/0.2
THALLIUM	6.3	ug/L	0.89	Kg/D	3.3	ug/L	0.48	Kg/D	3	EPA 200.7	40/NA
ZINC	49.0	ug/L	8.0	Kg/D	38.1	ug/L	5.9	Kg/D	11	EPA 200.7	100/2
CYANIDE	5	ug/L	0.71	Kg/D	3.2	ug/L	0.47	Kg/D	8	Lach 10204001	10/5
TOTAL PHENOLIC COMPOUNDS	9.5	ug/L	1.2	Kg/D	3.3	ug/L	0.43	Kg/D	5	HACH 8047	5
HARDNESS (AS CaCO ₃)	161	mg/L	23705	Kg/D	116	mg/L	17916	Kg/D	12	SM 2340 B	2
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

 Form Approved 1/14/99
 OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	3	8260A/8260B	5
ACRYLONITRILE	0.59	ug/L	0.09	Kg/D	0.20	ug/L	0.02	Kg/D	3	8260A/8260B	5
BENZENE	0.43	ug/L	0.06	Kg/D	0.11	ug/L	0.02	Kg/D	4	8260A/8260B	5
BROMOFORM	1.0	ug/L	0.14	Kg/D	0.25	ug/L	0.04	Kg/D	4	8260A/8260B	5
CARBON TETRACHLORIDE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
CLOROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
CHLORODIBROMO-METHANE	10	ug/L	1.5	Kg/D	6.6	ug/L	0.96	Kg/D	4	8260A/8260B	5
CHLOROETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
2-CHLORO-ETHYL VINYL ETHER	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
CHLOROFORM	13	ug/L	1.8	Kg/D	10	ug/L	1.5	Kg/D	4	8260A/8260B	5
DICHLOROBROMO-METHANE	14	ug/L	1.9	Kg/D	11	ug/L	1.6	Kg/D	4	8260A/8260B	5
1,1-DICHLOROETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
1,2-DICHLOROETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
TRANS-1,2-DICHLORO-ETHYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
1,1-DICHLOROETHYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
1,2-DICHLOROPROPANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
1,3-DICHLORO-PROPYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
ETHYLBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
METHYL BROMIDE	2.2	ug/L	0.32	Kg/D	0.55	ug/L	0.08	Kg/D	4	8260A/8260B	5
METHYL CHLORIDE	0.51	ug/L	0.08	Kg/D	0.13	ug/L	.02	Kg/D	4	8260A/8260B	5
METHYLENE CHLORIDE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
1,1,2,2-TETRACHLORO-ETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
TETRACHLORO-ETHYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
TOLUENE	0.50	ug/L	0.07	Kg/D	0.12	ug/L	0.02	Kg/D	4	8260A/8260B	5

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

 Form Approved 1/14/99
OMB Number 2040-0086

 Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
1,1,2-TRICHLOROETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
TRICHLORETHYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5
VINYL CHLORIDE	1.0	ug/L	0.15	Kg/D	0.25	ug/L	0.04	Kg/D	4	8260A/8260B	5

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

Total Xylenes	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8260A/8260B	5/o-;10/m,p-
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ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2-CHLOROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2,4-DICHLOROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2,4-DIMETHYLPHENOL	1.5	ug/L	0.21	Kg/D	0.38	ug/L	0.05	Kg/D	4	8270 C	10
4,6-DINITRO-O-CRESOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2,4-DINITROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2-NITROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
4-NITROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
PENTACHLOROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
PHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2,4,6-TRICHLOROPHENOL	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

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BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
ACENAPHTHYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
ANTHRACENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BENZIDINE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BENZO(A)ANTHRACENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BENZO(A)PYRENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10

FACILITY NAME AND PERMIT NUMBER:

Norman M Cole Jr., Pollution Control Plant VA0025364

 Form Approved 1/14/99
 OMB Number 2040-0086

 Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BENZO(GHI)PERYLENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BENZO(K)FLUORANTHENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BIS (2-CHLOROETHOXY) METHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BIS (2-CHLOROETHYL)-ETHER	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BIS (2-CHLOROISO-PROPYL) ETHER	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BIS (2-ETHYLHEXYL) PHTHALATE	2.1	ug/L	0.31	Kg/D	0.92	ug/L	0.13	Kg/D	4	8270 C	10
4-BROMOPHENYL PHENYL ETHER	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
BUTYL BENZYL PHTHALATE	0.13	ug/L	0.02	Kg/D	0.03	ug/L	<0.01	Kg/D	4	8270 C	10
2-CHLORONAPHTHALENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
4-CHLORPHENYL PHENYL ETHER	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
CHRYSENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
DI-N-BUTYL PHTHALATE	0.19	ug/L	0.03	Kg/D	0.05	ug/L	<0.01	Kg/D	4	8270 C	10
DI-N-OCTYL PHTHALATE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
DIBENZO(A,H) ANTHRACENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
1,2-DICHLOROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
1,3-DICHLOROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
1,4-DICHLOROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
3,3-DICHLOROBENZIDINE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
DIETHYL PHTHALATE	1.8	ug/L	0.26	Kg/D	0.45	ug/L	0.06	Kg/D	4	8270 C	10
DIMETHYL PHTHALATE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2,4-DINITROTOLUENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
2,6-DINITROTOLUENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
1,2-DIPHENYLHYDRAZINE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

 Form Approved 1/14/99
 OMB Number 2040-0086

 Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
FLUORENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
HEXACHLOROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
HEXACHLOROBUTADIENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
HEXACHLOROCYCLO-PENTADIENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
HEXACHLOROETHANE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
INDENO(1,2,3-CD)PYRENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
ISOPHORONE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
NAPHTHALENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
NITROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
N-NITROSODI-N-PROPYLAMINE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
N-NITROSODI- METHYLAMINE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
N-NITROSODI-PHENYLAMINE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
PHENANTHRENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
PYRENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10
1,2,4-TRICHLOROBENZENE	ND	ug/L	ND	Kg/D	ND	ug/L	ND	Kg/D	4	8270 C	10

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Norman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

4 chronic _____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

 Percent survival in 100%
 effluent

%

%

%

 LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

FACILITY NAME AND PERMIT NUMBER:

Noman M Cole Jr., Pollution Control Plant VA0025364

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Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?☐ Yes ☒ No

If yes, describe:

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

(see attached Summary of WET Testing) Dates submitted: 01/12/04; 03/01/05; 12/09/05; and 12/08/06

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

**Summary of WET Testing
Noman M. Cole PCP
Outfall 001
2003 thru 2007**

Outfall 001		1				
Date Submitted to DEQ		1/12/2004				
Date Sampled		12/1-5/03				
Summary of Test Results						
		Chronic: <u>C. dubia</u>		Chronic: <u>P. promelas</u>		
Testing Method(s)		3 Brood Static Renewal EPA 1002.0		7-day Static Renewal EPA 1000.0		
Dates Tested		12/2 - 12/8		12/2 - 12/9		
% effluent concentration		Survival (%)	Repro (# young)	Survival (%)	Biomass (mg)	
	0	100	21.5	98	0.427	
	12.4	100	20.2	93	0.443	
	24.8	90	19.5	95	0.416	
	49.6	100	21.6	90	0.352	
	99.2	100	21.8	93	0.369	
	100	80	17.2	95	0.362	
	NOEC (%)	100	100	100	100	
	LOEC (%)	>100	>100	>100	>100	
	ChrV	>100	>100	>100	>100	
	PMSD	N/A	33	N/A	24	
	T.U. _c	1.00	1.00	1.00	1.00	
IC25	N/A	>100	N/A	>100		
48-h LC50	>100	N/A	>100	N/A		
LC50 95% C.L.	N/A	N/A	N/A	N/A		
T.U. _{Ac}	<1.00	N/A	<1.00	N/A		

Summary of WET Testing
Noman M. Cole PCP
Outfall 001
2003 thru 2007

Outfall 001	2									
Date Submitted to DEQ	Results submitted with 12/2004 DMR. WETT from Coastal Bioanalysts received by DEQ 3/1/2005									
Date Sampled	11/15-19/04									
	Summary of Test Results									
	Chronic: <u>C. dubia</u>			Chronic: <u>P. promelas</u>						
Testing Method(s)	3 Brood Static Renewal EPA 1002.0			7-day Static Renewal EPA 1000.0						
Dates Tested	11/15 - 21/04			11/15 - 22/04						
% effluent concentration	Survival (%)	Repro (# young)		Survival (%)	Biomass (mg)					
0	100	19.0		98	0.383					
12.4	100	19.4		95	0.401					
24.8	100	19.1		100	0.365					
49.6	100	18.0		95	0.374					
99.2	100	17.1		98	0.367					
100	100	19.8		100	0.381					
NOEC (%)	100	100		100	100					
LOEC (%)	>100	>100		>100	>100					
ChrV	>100	>100		>100	>100					
PMSD	N/A	20		N/A	20					
T.U. c	1.00	1.00		1.00	1.00					
IC25	N/A	>100		N/A	>100					
48-h LC50	>100	N/A		>100	N/A					
LC50 95% C.L.	N/A	N/A		N/A	N/A					
T.U. Ac	<1.00	N/A		<1.00	N/A					

Summary of WET Testing
Noman M. Cole PCP
Outfall 001
2003 thru 2007

Outfall 001	3				
Date Submitted to DEQ	12/9/2005				
Date Sampled	11/14-18/05				
	Summary of Test Results				
	Chronic: <u>C. dubia</u>		Chronic: <u>P. promelas</u>		
Testing Method(s)	3 Brood Static Renewal EPA 1002.0		7-day Static Renewal EPA 1000.0		
Dates Tested	11/15 - 21/05		11/15 - 22/05		
% effluent concentration	Survival (%)	Repro (# young)	Survival (%)	Biomass (mg)	
0	90	20.2	100	0.548	
12.4	100	22.9	93	0.520	
24.8	100	22.5	100	0.518	
49.6	100	22.6	100	0.527	
99.2	100	22.1	100	0.493	
100	100	24.1	100	0.513	
NOEC (%)	100	100	100	100	
LOEC (%)	>100	>100	>100	>100	
ChrV	>100	>100	>100	>100	
PMSD	N/A	14	N/A	13	
T.U. c	1.00	1.00	1.00	1.00	
IC25	N/A	>100	N/A	>100	
48-h LC50	>100	N/A	>100	N/A	
LC50 95% C.L.	N/A	N/A	N/A	N/A	
T.U. Ac	<1.00	N/A	<1.00	N/A	

Summary of WET Testing
Noman M. Cole PCP
Outfall 001
2003 thru 2007

Outfall 001	4									
Date Submitted to DEQ	12/8/2006									
Date Sampled	11/13-17/06									
	Summary of Test Results									
	Chronic: <u>C. dubia</u>			Chronic: <u>P. promelas</u>						
Testing Method(s)	3 Brood Static Renewal EPA 1002.0			7-day Static Renewal EPA 1000.0						
Dates Tested	11/15 - 17/06			11/15 - 17/06						
% effluent concentration	Survival (%)	Repro (# young)		Survival (%)	Biomass (mg)					
0	100	20.8		98	0.566					
12.4	90	19.6		93	0.522					
24.8	100	21.8		95	0.542					
49.6	100	25.9		90	0.495					
99.2	100	24.6		93	0.500					
100	100	25.1		93	0.502					
NOEC (%)	100	100		100	100					
LOEC (%)	>100	>100		>100	>100					
ChrV	>100	>100		>100	>100					
PMSD	N/A	24		N/A	20					
T.U. c	1.00	1.00		1.00	1.00					
IC25	N/A	>100		N/A	>100					
48-h LC50	>100	N/A		>100	N/A					
LC50 95% C.L.	N/A	N/A		N/A	N/A					
T.U. Ac	<1.00	N/A		<1.00	N/A					

Summary of WET Testing
Noman M. Cole PCP
Outfall 001
2003 thru 2007

NOEC (%) No-observable-effect-concentration.

LOEC (%) Lowest-observable-effect-concentration

ChrV Chronic Value

PMSD Percent Minimum Significant Difference

T.U._c Toxic Units (chronic)

IC25 The concentration of sample or chemical, calculated from the data set using statistical models causing a 25% reduction in test organism growth, reproduction, etc.

48-h LC50 The concentration of sample or chemical, calculated from the data set using statistical models causing a 50% reduction in test organism survival. Note: The LC50 value must always be

LC50 95% C.L. The concentration of sample or chemical, calculated from the data set using statistical models causing a 50% reduction in test organism survival. Note: The LC50 value must always be

T.U._{Ac} Toxic Units (acute)

Collection Date:	Test	Result
12/1-5/03		Submitted: 01/12/04
	Chronic <i>C. Dubia</i>	NOEC (S) = 100%
		NOEC (R) = 100%
	Chronic <i>P. promelas</i>	NOEC (S) = 100%
		NOEC (G) = 100%
11/15-19/04		Submitted: 12/04 & 03/01/05
	Chronic <i>C. Dubia</i>	NOEC (S) = 100%
		NOEC (R) = 100%
	Chronic <i>P. promelas</i>	NOEC (S) = 100%
		NOEC (G) = 100%
11/14-18/05		Submitted: 12/09/05
	Chronic <i>C. Dubia</i>	NOEC (S) = 100%
		NOEC (R) = 100%
	Chronic <i>P. promelas</i>	NOEC (S) = 100%
		NOEC (G) = 100%
11/13-17/06		Submitted: 12/08/06
	Chronic <i>C. Dubia</i>	NOEC (S) = 100%
		NOEC (R) = 100%
	Chronic <i>P. promelas</i>	NOEC (S) = 100%
		NOEC (G) = 100%

Methods:

3 Brood Static Renewal
EPA 1002.0
7-day Static Renewal
EPA 1000.0

FACILITY NAME AND PERMIT NUMBER:

Noman M. Cole, PCP, Fairfax Co., VA 0025364

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OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Alexandria Coatings (d.b.a Alexandria Metal Finishers)

Mailing Address: 9418 Gunston Cove Road
Fairfax, VA 22079

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Electroplating, electroless plating, anodizing, chem. etching, chem.conversion coating, clean/strip/paint, polishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Metal finished products, formed products

Raw material(s): mineral acids, alkaline salts, metal salts, proprietary additives.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

29,300 gpd (☒ continuous or ☐ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,450 gpd (☒ continuous or ☐ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433.17 - new source metal finishing (job shop)

FACILITY NAME AND PERMIT NUMBER:

Noman M. Cole PCP, Fairfax Co., VA 0025364

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Covanta Fairfax, Inc.Mailing Address: 9898 Furnace Road
Lorton, VA 22079

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Waste incineration and generation of electricity

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Electricity, ashRaw material(s): Trash, algaecides, bromide, chlorine, phosphate acrylate, sulfuric acid, caustic soda

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

55,000 gpd (☒ continuous or ☐ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

17,820 gpd (☒ continuous or ☐ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ Nob. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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SUPPLEMENTAL APPLICATION INFORMATION
PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:
F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

 a. Number of non-categorical SIUs. 2

 b. Number of CIUs. 2
SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

 Name: Shenandoah's Pride LLC

 Mailing Address: 5325 Port Royal Road
Springfield, VA 22151
F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Milk Truck cleaning, milk processing, ice cream/milk shake mix, laboratory, equipment CIP, returned products
F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

 Principal product(s): Bottled milk, ice cream/milk shake mix

 Raw material(s): Milk, sugar, NaOH, KOH, HNO3, H3O4P, CaCl2O2, NaClO, propylene glycol
F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

120,000 gpd (☒ continuous or ☐ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

6,500 gpd (☒ continuous or ☐ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

 a. Local limits ☒ Yes ☐ No

 b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: TekAm CorporationMailing Address: 5424 Port Royal Road
Springfield, VA 22151

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Chromate coating of aluminum, etching & chemical milling, brass bright dipping, grinding, tumbling, welding

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Iridited aluminum parts, manuf sheet metal casings/housings-electronic instrumentsRaw material(s): NaOH, HNO3, nitric-sulfuric acid, chromic acid

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

1,000 gpd (☐ continuous or ☒ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

300 gpd (☐ continuous or ☒ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ Nob. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433.15 - Existing source metal finishing

FACILITY NAME AND PERMIT NUMBER:

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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____ Yes ☒ No If yes, describe each episode.

None of the listed SIUs has discharged waste to the treatment works in the last 3 years that has caused or contributed to any problems at the treatment works.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

____ Truck ____ Rail ____ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?
____ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

Note: Fairfax County authorizes discharge to the POTW of treated groundwater from remediation sites where project is deemed an emergency or direct discharge is determined to be infeasible. No remediation projects are currently authorized or planned for Noman M. Cole, Jr. Pollution Control Plant.

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____ Yes ____ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____ Continuous ____ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Norman M Cole Jr., Pollution Control Plant VA0025364

Form Approved 1/14/99
OMB Number 2040-0086**SUPPLEMENTAL APPLICATION INFORMATION****PART G. COMBINED SEWER SYSTEMS****If the treatment works has a combined sewer system, complete Part G.****G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:**Complete questions G.3 through G.6 once for each CSO discharge point.****G.3. Description of Outfall.**

- Outfall number N/A
- Location
(City or town, if applicable) _____ (Zip Code) _____
(County) _____ (State) _____
(Latitude) _____ (Longitude) _____
- Distance from shore (if applicable) _____ ft.
- Depth below surface (if applicable) _____ ft.
- Which of the following were monitored during the last year for this CSO?
____ Rainfall ____ CSO pollutant concentrations ____ CSO frequency
____ CSO flow volume ____ Receiving water quality
- How many storm events were monitored during the last year? _____

G.4. CSO Events.

- Give the number of CSO events in the last year.
_____ events (____ actual or ____ approx.)
- Give the average duration per CSO event.
_____ hours (____ actual or ____ approx.)

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- c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

- d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

- a. Name of receiving water: _____

- b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

- c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____**END OF PART G.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM**SCREENING INFORMATION**

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
 - a. Facility name: Noman M Cole Jr. Pollution Control Plant
 - b. Contact person: Kailash Gupta
Title: Director, Wastewater Treatment Division
Phone: (703) 550-9740 x255
 - c. Mailing address:
Street or P.O. Box: 9399 Richmond Highway
City or Town: Lorton State: Virginia Zip: 22079
 - d. Facility location:
Street or Route #: 9399 Richmond Highway
County: Fairfax
City or Town: Lorton State: Virginia Zip: 22079
 - e. Is this facility a Class I sludge management facility? ☒ Yes ☐ No
 - f. Facility design flow rate: 67 mgd
 - g. Total population served: 415,000
 - h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____
2. Applicant Information. If the applicant is different from the above, provide the following:
 - a. Applicant name: N/A
 - b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
 - c. Contact person: _____
Title: _____
Phone: () _____
 - d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☐ operator
 - e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☐ applicant
3. Permit Information.
 - a. Facility's VPDES permit number (if applicable): VA0025364
 - b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

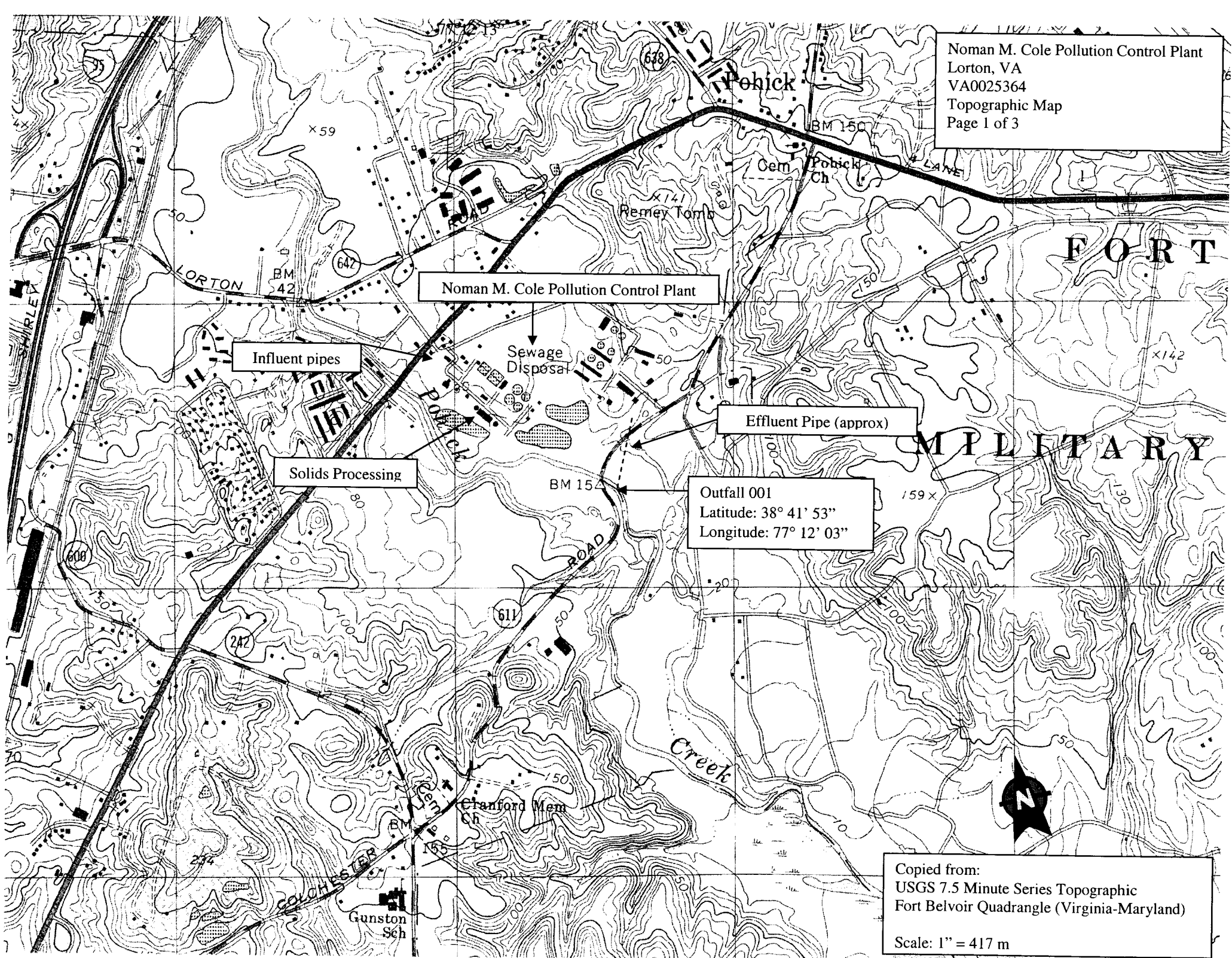
4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: **SEE ATTACHMENT**
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. **SEE ATTACHMENT**
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? Yes ☒ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: _____
Mailing address: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
Phone: () _____
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge: _____
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	0.28	Jan- Jun 2007	200.9	0.001
Cadmium	2.0	Jan - Jun 2007	213.1	0.002
Chromium	14.8	Jan - Jun 2007	218.1	0.02
Copper	177	Jan - Jun 2007	220.1	0.01
Lead	30.8	Jan - Jun 2007	239.1	0.05
Mercury	0.36	Jan - Jun 2007	245.1	0.0002
Molybdenum	11.8	Jan - Jun 2007	246.1	0.1
Nickel	10.8	Jan - Jun 2007	249.1	0.02
Selenium	2.3	Jan - Jun 2007	200.9	0.001
Zinc	530	Jan - Jun 2007	289.1	0.005

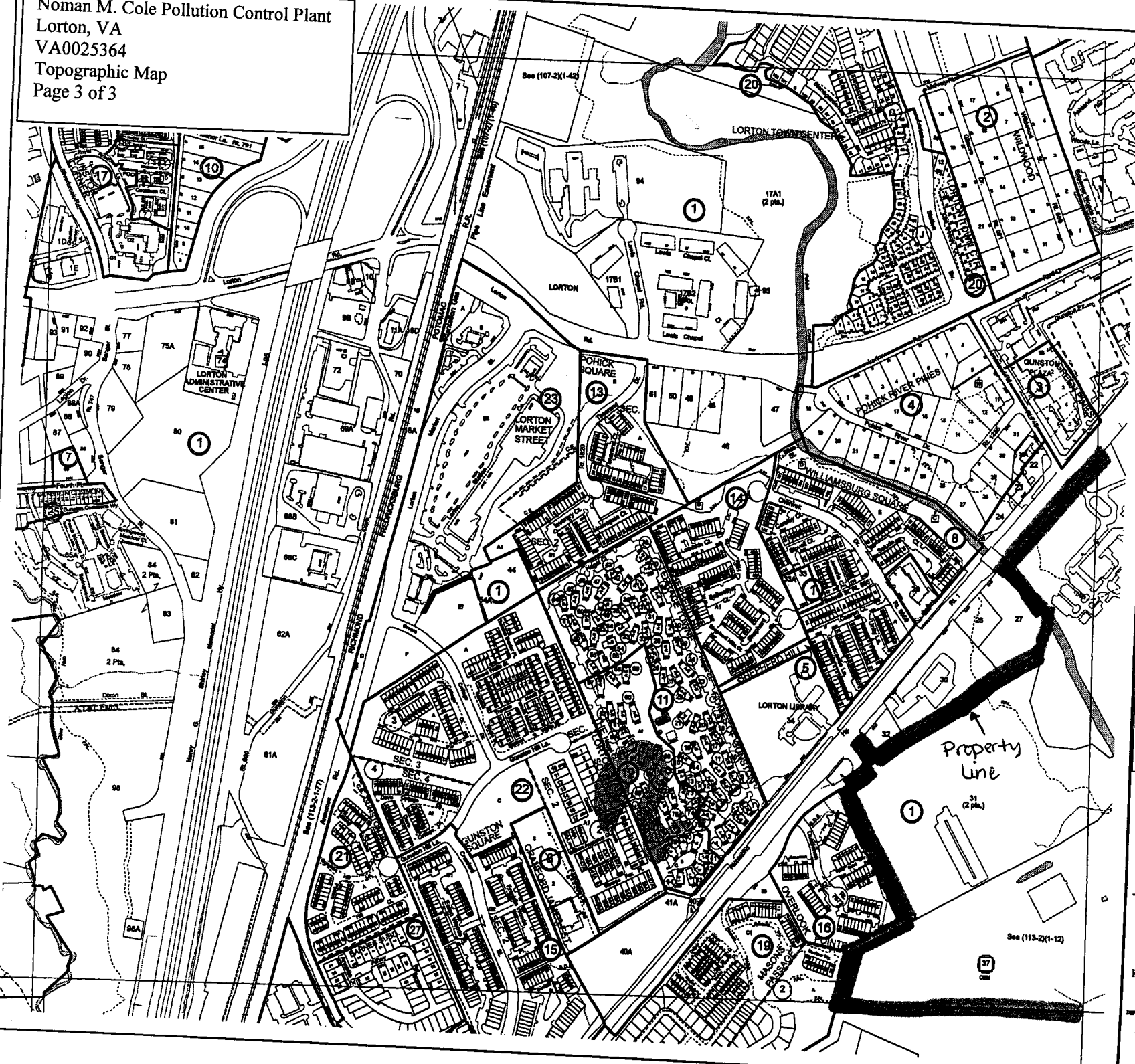
9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)



Copied from:
USGS 7.5 Minute Series Topographic
Fort Belvoir Quadrangle (Virginia-Maryland)

Scale: 1" = 417 m



Map Scale is 1" = 125' based on 1985 USGS map
7.5' contour interval. "Topographic" means
as shown on a 7.5' contour. There is a 10' contour in
some areas. High water is shown in blue.
Individual lot lines are shown in black.

GENERAL NOTES

MAKING REPLY REQUIRED
The map is the property of Fairfax County. It may be used for
reference only. It is not to be used for any other purpose.

The map is a reproduction of the original map. It is not to be used for any other purpose. The map is the property of Fairfax County. It may be used for reference only. It is not to be used for any other purpose.



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SHEET INDEX

CADASTRAL MAP

107-4

Revised to : 07 - 26 - 2007

Prepared by:
DEPARTMENT OF INFORMATION TECHNOLOGY
Geographic Information Services
1200 Government Center Parkway, Suite 117
Falls Church, Virginia 22041-1117
(703) 271-2775
FAX (703) 271-2775

Additional Information

VPDES Sewage Sludge Permit Application, Section A.6

Sludge Process Narrative

The Noman M. Cole, Jr., Pollution Control Plant (NMCCPCP) is an advanced wastewater treatment facility. Sludge produced by treatment is dewatered, thickened, dewatered, incinerated, and the ash is disposed in a sanitary landfill. All liquids resulting from these processes are returned to the head of the plant for treatment. Grit and screenings are co-disposed at the I-95 Energy Resource Recover Facility (ERRF). In the event of incineration failure, sludge will be transported to King George Landfill in King George, VA as part of a back-up sludge hauling and disposal contract.

FACILITY NAME: Noman M Cole Jr. Pollution Control Plant

VPDES PERMIT NUMBER: VA0025364

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kailash Gupta Director, Wastewater Treatment Division

Signature Kailash B Gupta Date Signed 9-28-07

Telephone number 703-550-9740 ext 255

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

TOXICITY REAGENT AND STANDARD LOG

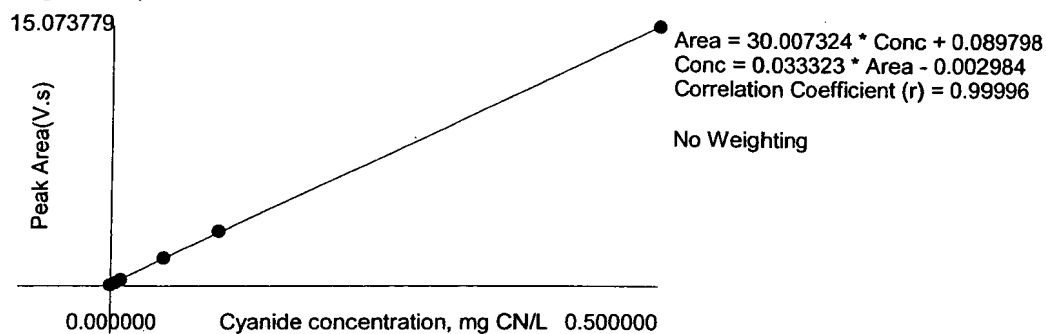
Internal curve.

DATE	TECH INIT	NAME OF REAGENT/STANDARD PREPARED:		0.5 mg/L Cr+6						
12/20/06	RP	AMOUNT OF REAGENT/STANDARD PREPARED:		500 mL						
		EXPIRATION DATE FOR THIS REAGENT/STANDARD:		12/27/06 (no reference material info)						
		REFERENCE NUMBER FOR THIS REAGENT/STANDARD:								
		REAGENT USED IN PREPARATION		COMPANY	CHEMICAL	AMOUNT	LOT/REF	DATE	DATE	EXPIRATION
		OF THIS REAGENT/STANDARD		NAME	NAME		#	REC'D/PREP'D	OPENED	DATE
		1:	Chromium, Hexavalent 50 mg/L	HACH	Cr+6	5 mL	A6163	Not recorded	12/20/06	6/08
		2:								
		3:								
		4:								
		5:								
DATE	TECH INIT	NAME OF REAGENT/STANDARD PREPARED:		0.25 mg/L Cr+6						
12/20/06	RP	AMOUNT OF REAGENT/STANDARD PREPARED:		50 mL						
		EXPIRATION DATE FOR THIS REAGENT/STANDARD:		12/27/06						
		REFERENCE NUMBER FOR THIS REAGENT/STANDARD:								
		REAGENT USED IN PREPARATION		COMPANY	CHEMICAL	AMOUNT	LOT/REF	DATE	DATE	EXPIRATION
		OF THIS REAGENT/STANDARD		NAME	NAME		#	REC'D/PREP'D	OPENED	DATE
		1:	0.5 mg/L Cr+6	-	Cr+6	25 mL	-	12/20/06	-	12/27/06
		2:								
		3:								
		4:								
		5:								
DATE	TECH INIT	NAME OF REAGENT/STANDARD PREPARED:		0.006 mg/L Cr+6						
12/20/06	RP	AMOUNT OF REAGENT/STANDARD PREPARED:		500 mL						
		EXPIRATION DATE FOR THIS REAGENT/STANDARD:		12/27/06						
		REFERENCE NUMBER FOR THIS REAGENT/STANDARD:								
		REAGENT USED IN PREPARATION		COMPANY	CHEMICAL	AMOUNT	LOT/REF	DATE	DATE	EXPIRATION
		OF THIS REAGENT/STANDARD		NAME	NAME		#	REC'D/PREP'D	OPENED	DATE
		1:	0.5 mg/L Cr+6	-	Cr+6	6	-	12/20/06	-	12/27/06
		2:								
		3:								
		4:								
		5:								

Table 1: Cyanide

	Conc. (mg CN/L)	Rep	Peak Area (Volt-s)	Peak Height (Volts)	% Residual	Detection Date	Detection Time
1	0.500000	1	15.073779	1.032176	0.1	12/29/2006	10:44:00 AM
2	0.100000	1	3.174511	0.220580	-2.7	12/29/2006	10:45:09 AM
3	0.050000	1	1.628223	0.112796	-2.4	12/29/2006	10:46:19 AM
4	0.010000	1	0.362942	0.022905	6.9	12/29/2006	10:47:30 AM
5	0.005000	1	0.201653	0.013129	15.9	12/29/2006	10:48:41 AM
6	0.000000	1	0.052553	0.001835		12/29/2006	10:49:52 AM

Figure 1: Cyanide



ANALYST/ DATE

John Allen
 12/29/06

VALIDATOR / DATE

APPROVAL / DATE

June / July

~~June~~, 2007

Reporte
0.334
Phenol

OIL AND GREASE

MONTH/YEAR

June, 2007

LP Eff

SAMPLE	COLLECTION DATE	LOG#	PRESERV. CHECK	pH <4 CHECK	EXTRACT DATE	FLASK #	PARAMETERS	WEIGHT (FINAL)		
								#1	#2	#3
BLK	Prep 6-27-7	NA	✓	L2	6-27-7	Z1	VOLUME, mL	1000		
							WEIGHT (FLASK+SAMPLE)	81.1060	81.1058	81.1061
							WEIGHT (FLASK)	81.1062	81.1059	81.1061
							WEIGHT FINAL	-0.0002	-0.0001	0.0000
							OIL+GREASE mg/L	-0.2	-0.1	0.0
STD 40mg/L	6-27-7	NA	✓	L2	6-27-7	5	VOLUME, mL	1000		
							WEIGHT (FLASK+SAMPLE)	80.0040	80.0046	80.0042
							WEIGHT (FLASK)	79.9698	79.9706	79.9698
							WEIGHT FINAL	.0342	.0340	.0344
							OIL+GREASE	34.2342	34.0	34.4
							VOLUME, mL	6/28/7		
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			

mg/L

 $\bar{X}_2 = -6$ $\bar{X}_2 = 34.1$

m

Rec = 8

Joya

M

OIL AND GREASE

MONTH/YEAR

Sept 2007

SAMPLE	COLLECTION DATE	LOG#	PRESERV. CHECK	pH <4 CHECK	EXTRACT DATE	FLASK #	PARAMETERS	WEIGHT (FINAL)		
								#1	#2	#3
Blk	Prep date 9-24-7	NA	✓	<2	9-24	14	VOLUME, mL	1000		
							WEIGHT (FLASK+SAMPLE)	81.3139	81.3138	81.3140
							WEIGHT (FLASK)	81.3126	81.3126	81.3126
							WEIGHT FINAL	.0013	.0012	.0014
							OIL+GREASE	1.3	1.2	1.4
* QLV 5.04 mg/L	Prep date 9-24-7	"	✓	<2	"	16	VOLUME, mL	1000		
							WEIGHT (FLASK+SAMPLE)	80.5342	80.5345	80.5347
							WEIGHT (FLASK)	80.5262	80.5263	80.5264
							WEIGHT FINAL	.0080	.0082	.0083
							OIL+GREASE	8.0	8.2	8.3
STD 40 mg/L	Prep date 9-24-7	"	✓	<2	"	A	VOLUME, mL	1000		
							WEIGHT (FLASK+SAMPLE)	83.7827	83.7829	83.7830
							WEIGHT (FLASK)	83.7434	83.7432	83.7436
							WEIGHT FINAL mg/L	1.0393	1.0397	1.0394
							OIL+GREASE mg/L			
STD 40 mg/L	Prep date 9-24-7	"	✓	<2	"	B	VOLUME, mL	1000		
							WEIGHT (FLASK+SAMPLE)	81.5183	81.5184	81.5180
							WEIGHT (FLASK)	81.4790	81.4789	81.4789
							WEIGHT FINAL	.0393	.0395	.0391
							OIL+GREASE mg/L	39.3	39.5	39.1
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			
							VOLUME, mL			
							WEIGHT (FLASK+SAMPLE)			
							WEIGHT (FLASK)			
							WEIGHT FINAL			
							OIL+GREASE			

 $\bar{X}_3 = 1.$ $\bar{X}_3 = 2.0$ $\bar{X}_3 = 39.5$

Rec = 9

 $\bar{X}_3 = 39.3$

Rec = 9

* QLV: 5.04 mg/L - 1.26 ml of 40 mg/L STD into 1000 ml;

Result expected 5.04 mg/L, Rec = 100%
Jono Mark 9/25/07